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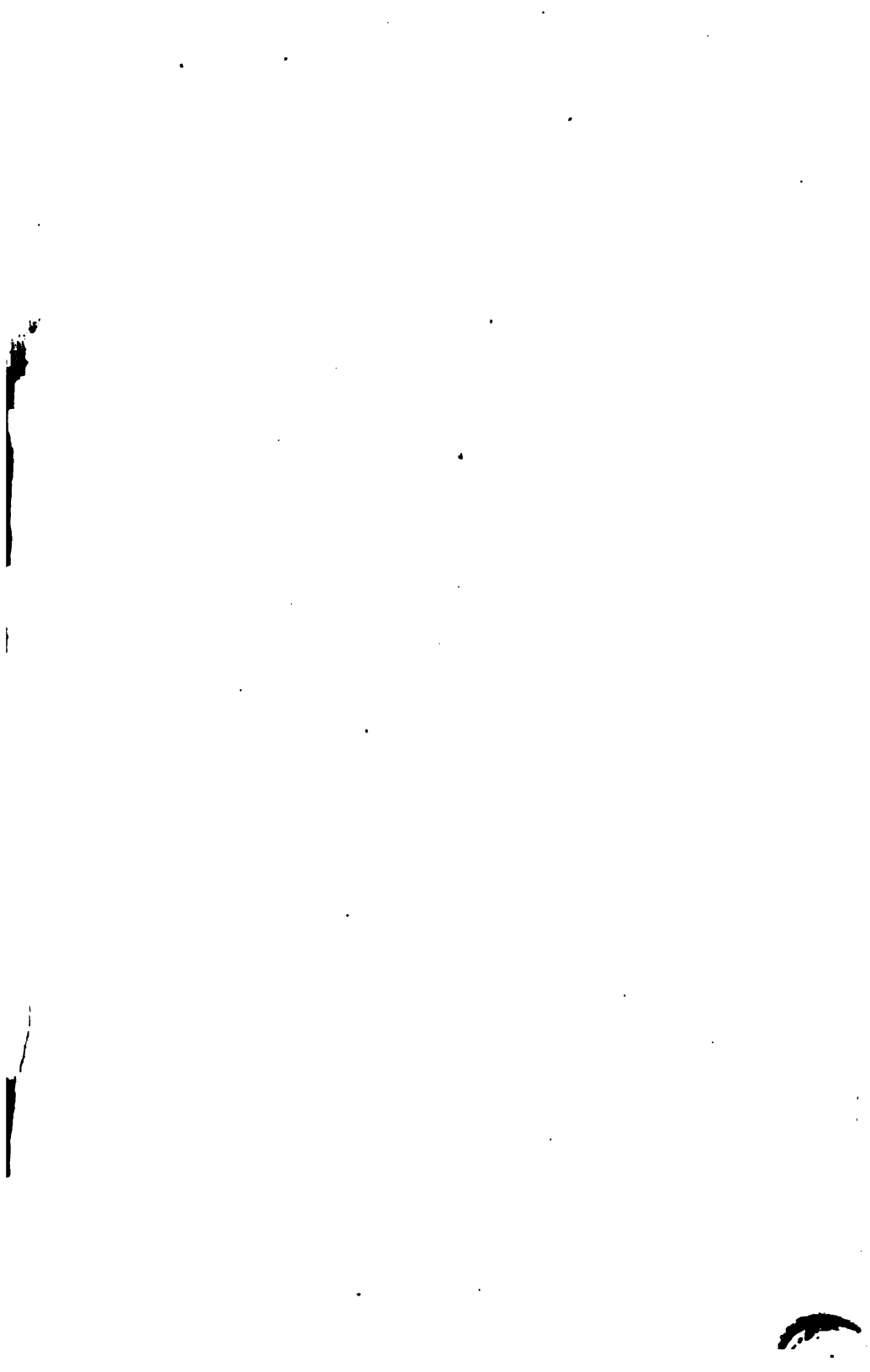
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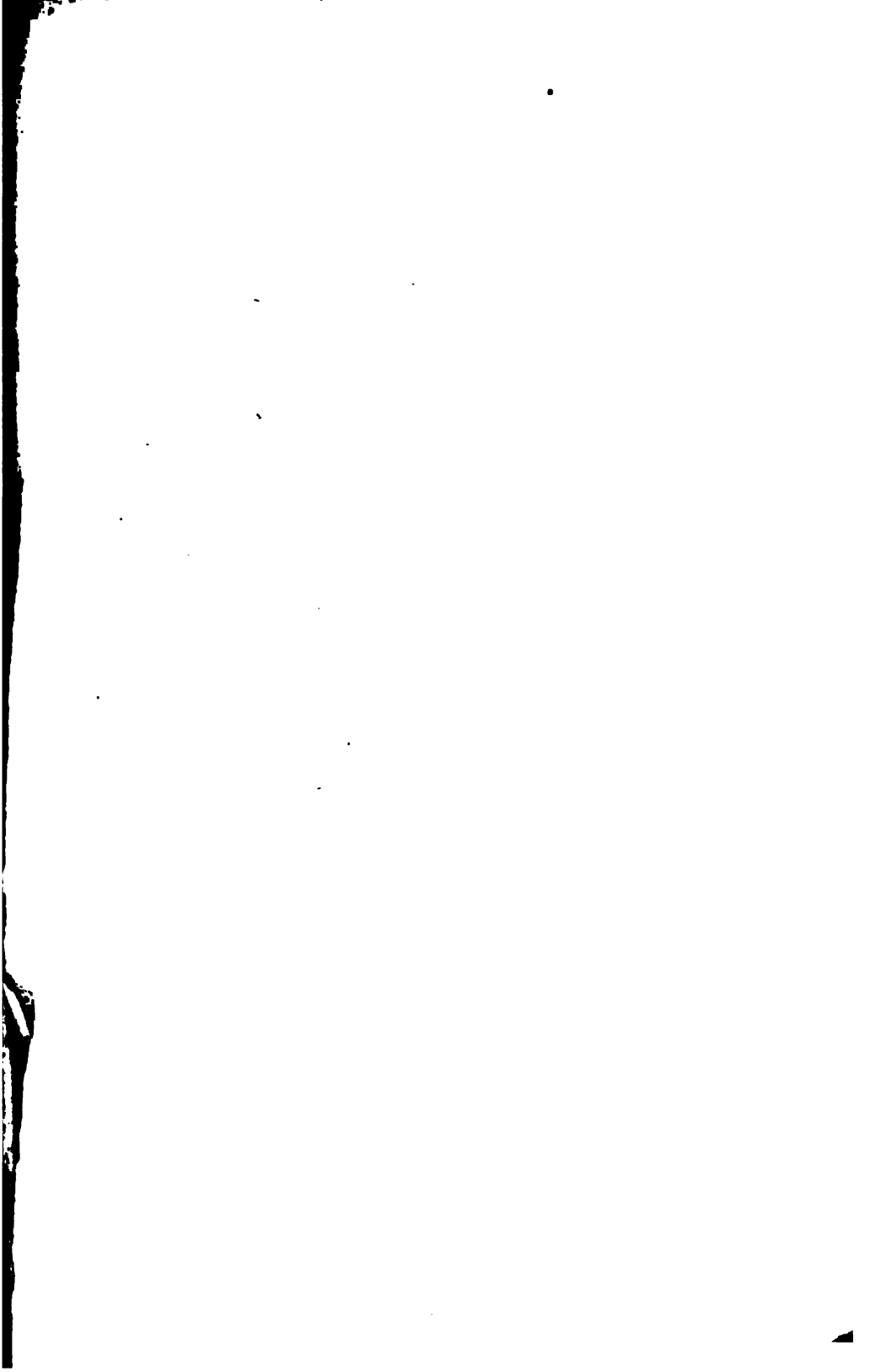
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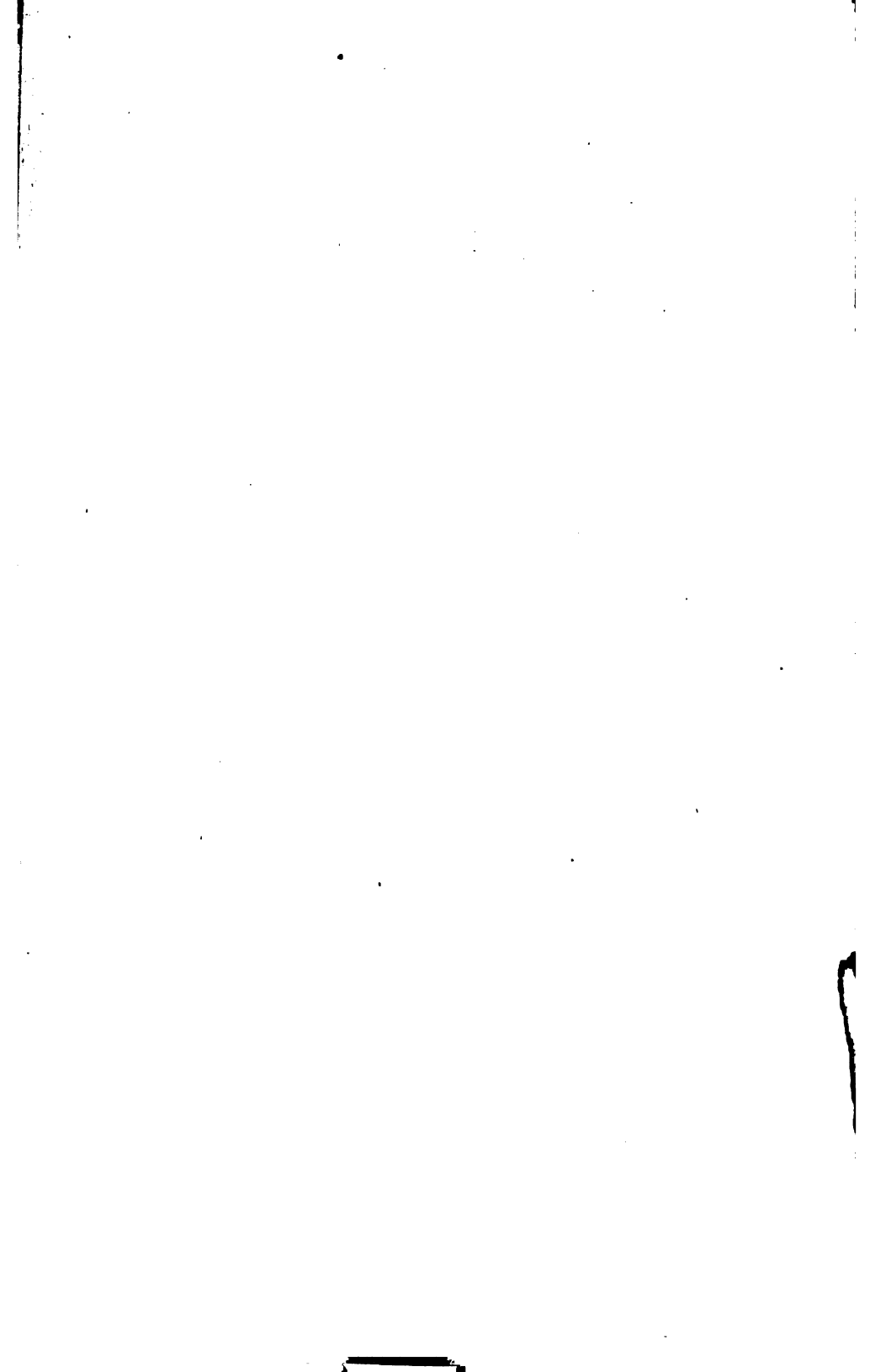


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# QUARTERLY EPITOME

OF AMERICAN

PRACTICAL MEDICINE AND SURGERY;

**Supplementary**

TO

BRAITHWAITE'S RETROSPECT;

CONTAINING A RETROSPECTIVE VIEW OF EVERY DISCOVERY AND PRACTICAL IMPROVEMENT IN  
THE MEDICAL SCIENCES, ABSTRACTED FROM THE CURRENT MEDICAL JOURNALS  
OF THE UNITED STATES AND CANADA.



PART IX..... MARCH..... 1882.



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*To the*  
***Patrons of the Quarterly Epitome.***

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*This ninth part of the **Quarterly Epitome** of American "Practical Medicine and Surgery," commences the third annual volume.*

*Following a time-honored custom at the beginning of a new year, the publisher avails himself of this opportunity to gratefully acknowledge the generous patronage which he has received from the Medical Profession, and the cordial greeting tendered the **Epitome** by the united Press. An evidence of this hearty indorsement will be found in the extract given on the following page.*

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THE PUBLISHER.

January, 1882.

The second volume of the *Quarterly Epitome of Practical Medicine and Surgery*, embracing the four issues for the year 1881, has just been presented to the medical profession by the publisher, W. A. Townsend, of this City, in handsome form for the library. Although modestly designated an American supplement to *Braithwaite's Retrospect*, the *Quarterly Epitome* bears no relation, either financial or intellectual, to that celebrated English publication, familiar wherever medicine is practiced. The general plan upon which the magazine is modeled is copied from its British prototype, the contents consisting of condensed reproductions of the ablest and most striking papers and reports in the medical publications of the day, and thus forming a comprehensive epitome of the current literature of medicine. It can hardly be said that the possession of the *Quarterly Epitome* renders *Braithwaite* less essential to the physician who would keep *au courant* with the latest achievements of medical and surgical science. Together they form, perhaps, nearly all that is necessary for the general practitioner to possess in relation to the current work of his profession; but the former being devoted more particularly, though not exclusively, to the literature of American practice, while the latter is representatively British, they conflict very little, and each is supplementary of the other. As in *Braithwaite*, each quarterly issue of the *Epitome* contains a carefully arranged table of contents grouped under appropriate captions, such as "Diseases of the Nervous System," "Diseases of the Circulation," "Diseases of Respiration," &c., thus furnishing an index sufficiently full for practical purposes. The articles are arranged under these general headings with care and discrimination, and selected from the vast mass of medical material scattered through weekly and monthly publications and reports of societies with special reference to their practical value in the sick-room, their novelty, and the standing of the author. The blundering experiments of the obscure tyro, reported in the local medical journal, are thus excluded, and in small compass the reader obtains the best results of the ablest men in a form so condensed that he need not swallow pounds of theory in order to digest a few grains of practice.—*N. Y. Times*, Jan. 23, 1882.



## PRACTICAL MEDICINE.

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### DISEASES AFFECTING THE SYSTEM GENERALLY.

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#### OPIUM SMOKING FROM A MEDICAL STAND-POINT.

Dr. H. H. KANE read a paper with the above caption, at the meeting of the New York Co. Medical Society, Dec. 25, 1881, from which we abstract:—

The effects of opium smoking upon the individual may be classified as the physical and moral.

The physical effects are those upon the digestion, nutrition, urinary, nervous apparatus and muscular system.

The first effect of opium smoking upon the novice seems to be concentrated upon the digestive organs. He commences to feel a little dizzy, slightly nauseated and perspires profusely in the coldest weather. The face is flushed and the head feels unnaturally full. Slight sense of nausea may be felt, intensified on assuming the erect position. Micturition becomes extremely distressing and is followed by profuse vomiting. At first the appetite for food is wholly destroyed, but soon returns as the individual uses a larger and larger amount of the drug. The drug seems to exercise some decided effect on the nerves governing nutrition and morbid tissue waste. There is no excessive action in the material producing a condition like uræmia; a sallow complexion; a peculiar intermittent fever; cold sweats; irregular, chilly sensations; bad taste in the mouth; cloudy intellect and irregularity of circulation. Atrophic changes in the skin are rare; the constipation is extremely distressing, more so than with any other form of the opium habit. Hemorrhage as a consequence and pruritis ani are very common and distressing. The stools are usually of good color. Upon the eyes the effect is very decided. The pupils are contracted, like in the ordinary habitual user of opium. The eyelids are usually very puffy, and the smoker looks dropsical. Intense itching more pronounced than when the drug is used in any other way is experienced. This is most marked during the first month. One smoker now is so thoroughly excoriated that the whole scrotum and a portion of the back is one mass of sores. Upon the urinal organs the effect, while decided, is variable. In the majority of males the urine is more acid at first and produces an irritable condition of the neck of the bladder. There is a spasmodic contraction of the urethral muscles and a peculiar condition of the bladder obtains so that the habitué is often obliged to stand for several moments before the stream of water starts. In women an irritable bladder leads to frequent urination. I have never found sugar in the urine, but albumen in twenty cases. The amount of albumen, however, is very small and not nearly so large as you get with the average albuminuria. From the hypodermic use of morphia, as a rule, less urine is passed than in the normal condition.

The organs of generation are very decidedly affected. There is an increase in sexual power most marked in women, who lose all modesty. Recognizing this fact, rascals have enticed young girls and ruined them. In California



and Nevada the penalty for finding opium on a person is \$500 and six months in the penitentiary. Complete suppression of the menses, common in morphia takers, is less marked in female smokers. There are very few smokers in this city or country who are married. Of the females who smoke, a great many are prostitutes.

Upon the heart there is a double effect, one produced by smoking and the other by sudden abstinence. The one is over-stimulus, the other is lack of stimulus. The first made manifest by palpitation and slight pain in the precordial region; the second by same symptoms and marked dyspnoea. From the repeated sphygmographic tracings made on a number of smokers, I have found that the use of the drug first stimulates the heart, contracts the arteries, and more especially in the novice who is usually markedly nauseated, increases still further the frequency of the heart beat and relaxes the artery, while oftener the pulse falls below the normal. This varies according to the peculiarity of the individual strength, habit and amount of drug used. In organic cardiac disease beneficial results obtain, but so great is the danger of forming the habit, so disgusting the surroundings and so many efficacious remedies are known to us that its therapeutic application will be necessarily very limited. I know one case where opium smoking seemed to retard disease of the lungs. This was in the case of a Chinaman suffering from phthisis, but as soon as the habit was discontinued the disease reasserted itself. Thereupon, I advised a renewal of the habit. Upon the respiratory tract of a perfectly healthy person opium smoking usually produces a low grade of bronchitis with profuse expectoration; also some slight catarrh of the nose. Upon the mind and morals the effects of this habit are especially marked. At first there is a dazed condition followed by slight mental stimulus, which applies to the free flow of mixed thought and increasing fancy rather than to vigorous capability for mental effort. In the student the reasoning power of concentration and application are impaired. There is less and less satisfaction in the comparative mental inaction or action of the lightest kind. Hope and ambition are present. Obstacles that appeared serious at first rapidly melt away, and assume their importance only when the effect of the drug is worked upon the brain. After smoking the habitué does not as seems to be the universal opinion, fall into a deep sleep. The effect is to awaken rather than to cause repose. The temper suffers also. Wife and children are neglected, cursed, and sometimes beaten. The smoker will break out into the most terrible fits of temper upon the slightest provocation. If the procural of opium is concerned, he will lie and rob, and, in China, has been known to commit murder. The moral sense is always decidedly blunted. One of the marked evil effects of the practice is the abundant issue. As to the production of actual insanity on the opium smoker there is considerable difference in opinion. From the Chinese we can learn nothing. Where insanity has occurred the cause is probably to be ascribed to syphilis and dissipation rather than to smoking. The percentage is, however, very small. Death in the den may have been simply a coincidence. It would not seem surprising if, during the period of intense nausea and prostration, a diseased heart should give out. Two smokers have recently died in this city, one a Chinaman and the other a white man, both from acute peritonitis. Irregularity in eating, constipation, for weeks sometimes, and the effect of opium on the abdominal sympathetic may probably result in this way. The symptoms of abstinence after opium smoking are just the same as with the morphia taker. Profuse discharge from the nose, collection of mucus in the throat, running of tears from the eyes, gnawing sensation, colic pains in the belly, aching in the small of the back, seminal emissions, sometimes purging and sometimes vomiting, chilliness, headache and numbness, restlessness, darting pains in the limbs.

Smokers divide their companions into different classes of habits. They say a man has a single, double or treble habit, according to the time of day he smokes—morning, evening and midnight habit.

The treatment of the smoking habit is very satisfactory. Chloride of gold, sodium, Indian hemp, hyoscyamus, &c., have been used. Hot baths and electricity form the basis of the treatment, modified to suit the peculiarities in each case.

None of my cases have relapsed. Of 153 persons dismissed from the Opium Hospital all but one relapsed.

The great obstacle to a permanent cure in these cases is the fact that a man has to withdraw himself from his usual resorts, where the persuasion of his old associates prove too much for the will. The habit once broken the person regains his mind and will power. His sexual appetite increased four-fold returns. The fact that this habit is destructive to ambition, the discharge of mental and physical action, physical health, and the destroyer of family ties should prove sufficient ground to justify the enactment of laws to do away with this vice. Experience has shown in both California and Nevada that the severe laws there, heavy fines and imprisonment in the penitentiary, have proved useless to stop the evil. The duty of six dollars a pound on smoking-opium should be raised to twenty-four dollars, and on every pipe entering the country a similar duty should be levied. More public dens may then be closed and some abandoned.—*Med. Gazette*, Jan. 21.

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### THE CHINESE OPIUM PIPE AS A THERAPEUTIC AGENT.

In an exhaustive article on this subject, published in the *Medical Record*, Dr. H. H. Kane, of New York, points out the following advantages, which smoking offers over other methods of using the drug:—

*First.*—It takes longer to form the habit.

*Second.*—It works less harm when once formed.

*Third.*—It is easier to break.

*Fourth.*—A local as well as a general effect may be obtained.

Says he, further on:—

It would be especially suited to that class of pulmonary affections where a topical as well as a general action was desired. In numerous experiments, I have found it of the greatest benefit; in the insomnia of phthisis due to a frequent, irritative cough; in spasmodic asthma; and the asthmatic symptoms of emphysema and chronic pneumonia. Not only does it check the cough, but it permits of sleep in the recumbent posture, a thing that before its use, had, in some cases, been impossible for months.

Over the other methods of using the drug it has the advantage of requiring long smoking to form a habit, and the least physical harm when the habit is formed. In many cases of phthisis, it would make but little difference whether a habit was formed or not, as the patient is certain to die, and nothing so thoroughly smooths the path to the grave as opium. In other cases, its occasional use, especially if the patient did not know what he was smoking, would not produce any morbid craving for the drug.

The trial of the opium-pipe in the wards of one of our large hospitals would probably give some very decided results; not only in pulmonary, but in cardiac and other affections.

In catarrhal inflammation, opium-smoking would be especially indicated, as it is a well-known fact among smokers, that gleet, gonorrhœa, leucorrhœa, and nasal catarrh rapidly disappear in the smoker. Furthermore, this is about the only way of using opium alone that creates (to the novice) nausea, profuse perspiration, and decided relaxation; an effect that is reached but imperfectly by Dover's powder.

I know of one case of malarial neurosis of the heart, that has been seen by Professors Loomis, Clark, and Janeway of this city, and Walsh of London, where the daily smoking of a few pipefuls of opium was the only way of using it that would control the palpitation and pain. Morphine and opium by the mouth or rectum produced constipation, loss of appetite, gloom, and despondency, all of which disappeared after he abandoned them for the pipe.

There are those who will perhaps look upon the course I am taking in this matter as opposed to that which I have written before, and censure me for trying to introduce, as a therapeutic measure, a new plan of using a drug that already numbers its slaves by thousands. In anticipation of such cen-

sure, I can only say, that opium will be used in medicine so long as medicine is practiced, and if we can bring forward a manner of using the drug that shall offer the following advantages, we are doing a real service to humanity:—

*First.*—Maximum result from minimum amount.

*Second.*—Rapidity of action.

*Third.*—Advantages of local effect.

*Fourth.*—Least physical, mental and moral ill-effect from continued use.

*Fifth.*—Greatest difficulty in forming a habit when properly used.

*Sixth.*—Comparative ease with which the habit is broken.

The rapid spread of the habitual use of morphia hypodermically, has been due to the placing of syringes in the hands of patients. If the physician will conceal the name of the drug he is using in the pipe, and administer it himself to the patient, there is but little danger of the formation of a habit.

Finally, other drugs (their aqueous extract), may be combined in definite amount with the opium, and also used for inhalation.—*Med. and Surg. Rep.*, Dec. 3.

### OPIUM HABIT.

Dr. JOHN P. WHITE writes:—Gradually reduce the amount of opium taken and increase the amount of nutritious food and tonics. The indications of treatment are: 1st. Gradually reduce the dose. 2d. Relieve the great nervousness, insomnia, prostration and suffering. Bromide of potassium will not do this, because in these cases there is anæmia of the brain, and it is contra-indicated in anæmia of the brain. It may cause a little sleep in very large doses, but these irritate the stomach, they also increase prostration and suffering. The same remarks apply to chloral. They should never be depended on alone. Probably, in extreme insomnia, rightly combined with other nervines, they may do; but alone, I have seen them cause delirium, and I think are sometimes dangerous in these cases, by increasing the anæmia. Veratrum viride will not answer the second indication, nor will coca, nor oxide zinc. Nit. amyl. is reported to do well and cause sleep; curara might be tried. If some medicine were discovered that had the same stimulant, excitant, exhilarating and sedative effects as morphia, and being a tonic without having any deleterious effects like morphia, nor checking the secretions and nutrition, it would answer admirably as a morphia antidote. The following combination comes as near it, and meets the second indication better than anything I have seen:—

R. Con. tinct. cannabis indica, gtt. 10,—narcotic; con. tinct. cypripedium, gtt. 15,—anti-spasmodic, nervine, tonic, narcotic, diaphoretic; sulphate hyoscyamia, gr.  $\frac{1}{8}$ ,—soporific, sedative, narcotic diuretic, and laxative; con. tinct. humulus lupulin, gtt. 15,—nervine, hypnotic, febrifuge, diuretic and tonic; con. tinct. lycopus, gtt. 20,—astringent, styptic, sedative and tonic; con. tinct. pulsatilla, gtt. 5,—nervine; con. tinct. hamamelis, gtt. 15,—astringent, tonic, sedative.

Mix above thoroughly, and as Shakespeare says, all the sedative herbs of the world will “Medicine him to sleep.” I have tried above, and know it will do. It will entirely substitute the morphia. They are B. Keith’s concentrated tinctures. Dose of above, gtt. 10 to 1 to 23.

To meet the third indication, to build up patient’s strength and fatten him, give tonics of iron, phos, strychnia, etc., and give him hydroleine. Adopt Dr. Weir Mitchell’s system of excessive feeding, and fatten him. Give as much good food (and often) as the stomach will bear.—*Med. and Surg. Rep.*, Jan. 14.

### ETHER-OPIUM TREATMENT OF SMALLPOX.

M. DUCASTEL, at Hospital Saint Antoine, has been experimenting with the ether-opiate medication in smallpox. He finds that it prevents suppuration and arrests the eruption. The patients begin to convalesce from the

sixth to the ninth day after the beginning of the eruption. Where suppuration has begun, it is diminished in quantity, and the most painful phenomena are attenuated. The treatment should be begun as soon as possible. His treatment consists in (1) morning and evening, a hypodermic syringe full of ether. (2) Ext. of opium one-fifth to one-half grain in two ounces of water. (3) Perchloride of iron, twenty drops in two ounces of water—the opium and iron are given alternately every hour—a tablespoonful at a time. The treatment should be reserved for the grave forms, as the ether injections give rise to eschars unless they are made deeply into the cellular tissue. This treatment combats the suppuration, and its action is incomparably more marked in those who have been vaccinated.—*Can. Jour. of Med. Sc., Dec.*

### TREATMENT OF SMALL-POX.

"On the 16th of January, 1880," says Dr. Bouyer, of St. Pierre de Fursac, in the *Journal de Thérapeutique*, "I addressed to the Academy of Medicine the following letter: 'I have the honor to forward to the Academy a sealed packet containing a formula for what I believe to be the curative and abortive treatment of small-pox, and which I have found very successful in six cases. When I have tried the treatment in a greater number of cases, I shall lay before the Academy the results of my investigation.' " On the 16th of March Dr. Bouyer had treated fifteen cases, all confirming the efficacy of the remedy, and shortly afterward he was pleased to make it known. The following is the formula recommended:—

Alcohol, 10-15 grams (2½-4 3); salicylic acid, 1 gram (16 grs.); simple syrup, 20 grams (5 3); water, 50 grams (2 ⅔).

Of this a tablespoonful should be taken every six hours if the case is seen early, and every four hours if the disease is well advanced before the treatment is begun. Dr. Bouyer finds that under this treatment, commenced early, the eruption is discrete, or, if confluent, the pustules are of small size, and contain little pus. They contract between the sixth and eighth day, leaving light furfuraceous crusts, which fall off in a few days without leaving either cicatrices or stigmata. The fever of suppuration is always greatly diminished.—*Boston Jour. Chem., Jan.*

### VACCINIZATION.

In concluding some remarks on animal vaccination and its general relations with vaccination and re-vaccination, Dr. E. Warlomont, Director of the State Vaccinal Institution at Brussels, says:—

"When a child is brought back at the expiration of the first seven days, if it be re-vaccinated on the spot, even with its own vaccine lymph, it may be that there will be a fresh eruption, feeble for the most part, but occasionally showing all the signs of classic vaccinal pustule. What conclusion is to be drawn, if not that the first inoculation, insufficient to protect the subject against a second vaccinal impregnation, was *a fortiori* insufficient to guard it against variola? Hence the necessity of fresh insertions until the complete exhaustion of vaccinal receptivity. This is what I term *vaccinization*. Thus every child brought back at the end of eight days should be re-vaccinated on the spot, even with its own vaccine, if it be in proper condition. If this second vaccination answer well, a third should be performed, and so on, till the patient be completely *vaccinized*.

"I have a decided conviction that if this practice were followed, if all children were *vaccinized*, the immunity from smallpox would be much greater than at the present time; and it is perhaps from my having constantly put it into practice that my successes have been so constant and the result of my vaccinations so thoroughly satisfactory.

"Such are the fresh considerations we have to weigh in favor of animal vaccination. It has been objected that Jenner's opinion was against it; but this argument has no weight with me. In matters of experimental science the predictions of the greatest geniuses only show the imprudence of those who express them. Facts have decided against the predictions expressed on this subject by the immortal discoverer of vaccination."—*British Med. Jour.—Louv. Med. News, Dec. 31.*

### GANGRENOUS VARICELLA AND VACCINIA.

Mr. JONATHAN HUTCHINSON has described recently a form of chicken-pox that takes on gangrene, is accompanied by suppurative iritis, and in some cases has proved fatal. He regards the disease called "burnt holes" in Ireland, also "the eating hive," as this gangrenous type of varicella. It usually occurs in healthy children. Mr. H. argues that vaccinia also has its gangrenous type, even in healthy infants, and he gives the history of a case—it died on the twenty-first day—which he believes belonged to that type. Mr. W. Stokes of Dublin, has also described a similar case, in which for a time the danger was great, but eventually it recovered.—*Proc. Kings Co., Jan.*

### TREATMENT OF CONSUMPTION.

Dr. ROBERT SAUNDBY, in the *Practitioner*, gives a very valuable *resumé* of this subject. Cod-liver oil and quinine are Dr. Saundby's sheet anchors, the hypophosphites having disappointed his expectations. Good nourishment and attention to the digestive functions form the best treatment of cough. If a consumptive patient wants to take a short cut to the next world, he has only to take an opiate, paregoric for example. Codeia is most valuable. Camphor inhaled, a lump under the pillow, or some powder in a jug of boiling water, forms an effectual anodyne. To prevent dryness of the mouth, a compressed tablet of chlorate of potash and borax in the cheek remains all night, and causes sufficient salivary secretion to keep the air-passages moist. The bronchitic attacks are to be met by the use of turpentine vapor and counter-irritation, and sulphur internally. Nothing controls the profuse secretion of the bronchial mucous membrane so readily as fifteen to twenty grains of sulphate of iron, given in pills or mixture during the day. The use of oro-nasal inhalers, charged with carbolic acid or eucalyptus oil, is strongly advocated. For anorexia, quinine does more than any other drug; while the peptones, Hoff's malt-extract, and such like preparations, are, in many cases, most valuable. Cod-liver oil, in doses of one teaspoonful, after meals, thrice a day, Dr. Saundby believes to be quite sufficient, larger doses not being assimilated. The diarrhœa is always controlled by two drachms of dilute sulphuric acid to the pint of sugared orange-water, drunk *ad libitum*, unless ulceration be present; and then starch and laudanum enemata, or an enema of half an ounce of liquid extract of ergot, will in most cases give relief. The sweating is generally controlled by the same means as are used for the diarrhœa; but if not, then atropine or picROTOXINE must be used. Hæmoptysis Dr. Saundby treats with ergot internally or subcutaneously. In conclusion, a tabulated view is given of the different remedies. Specific: quinine, cod-liver oil; Cough: liquorice, camphor, codeia lozenges; Bronchitis: turpentine inhalations and epithems; Puerile expectoration: eucalyptus inhalation, sulphate of iron; Anorexia: quinine, peptonized food, malt extracts, cod-liver oil, ether alcohol; Diarrhœa: sulphuric acid, ergot, ergotine.—*London Med. Record.—Med. Gazette, Jan. 21.*

### STOMACH TUBE IN PHTHISIS.

At the session of Oct. 28, of the Hospital Medical Society of Paris, M. Debove reported a case of phthisis that could not retain even milk. It was

decided to use œsophageal catheter. A litre of milk was administered at first; afterward meat and eggs. Finally, without causing vomiting two litres of milk, meat, and ten eggs were given. The appetite returned, there was an increase of 100 grammes a day in weight; the patient slept well, and the sweats disappeared. M. Dujardin-Beaumetz, confirmed these results, and M. Joffroy reported favorable results in two cases of cancer of the stomach.—*La France Méd.—Can. Jour. Med. Sc., Dec.*

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### ANTISEPTIC INHALATION IN PHTHISIS.

Dr. J. G. SINCLAIR COGHILL of the National Hospital for Consumption gives the following formula for an inhalation in phthisis:

R. Tr. iodi, ether, acidi carbolici, aa 3 ij; creosoti (or thymol), 3 j; alcoholis, ad, 3 j. M.

This may be inhaled through cotton wool on which it has been dropped.—*Mich. Med. News.*

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### NIGHT-SWEATS IN PHTHISIS.

KÖHNORN recommends the dusting of the body every evening with the powder used in the Russian army for sweating feet (*Medical Bulletin*):

Acid. salicylic, 3 parts; amyllum, 10 parts; powdered talcum, 87 parts.

If the skin be very dry, it may be rubbed with bacon, alcohol, or tannin, which will cause the powder to adhere to the body. The patient should hold a cloth to the mouth and nose during the dusting, that bronchial irritation from the salicylic acid may be prevented. Success has attended this method of treatment after quinine, atropia, digitalis, boletus laricis, cold sage tea, and frictions with alcohol, tannin, and bacon had failed. Waldenburg holds that the action of salicylic acid, when given internally in night-sweats, is similar to atropia, but far more effectual.—*Can. Med. and Surg. Jour., Dec.*

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### AGARICUS IN NIGHT-SWEATS.

Dr. R. V. WOLFENDEN (*Medical Times and Gazette*), describes agaricus as being a light brown powder of a bitter taste, of which the dose is twenty grains, prescribed in a confection. It is much used in France as a remedy for night-sweats, and Dr. Wolfenden has found it of great value. It may at times cause diarrhoea, which is easily prevented by combining the agaricus with a little opium.—*Chicago Med. Rev., Jan. 1.*

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### TO RELIEVE COUGH AND NIGHT-SWEATS IN PHTHISIS.

R. Acidi gallici, grs. viij; morphinæ hydrochlorat, gr. 1.

Confect. rosæ gallicæ, sufficient to make two pills. Sig. To be taken every night at bed time.

### IN DYSPNŒA OF PHTHISIS AND EMPHYSEMA.

R. Ext. stramonii, grs. 8; ext. hyoscyami, grs. 20; ext. lupuli, grs. 40.

M. and divide into twelve pills—one to be taken every four hours until relief is obtained.—*Med. Gazette, Dec. 17.*

## WOOL-SORTERS' DISEASE.

Mr. Spear has recently published his official report (*Br. Med. Jour.*), which establishes the identity of the wool sorters' disease with anthrax. The symptomatology and anatomy of this affection are fully discussed, and certain interesting observations are advanced in regard to its pathology. The usual classification of anthrax into an "external" and "internal" form is observed throughout the report. In many instances, however, there is a wide divergence from the development and progress of typical cases. The malignant pustule may appear, not as an initial lesion, but as a local manifestation of constitutional infection, and a "minor pustule" is apt to attack the hands of those working on infectious material, a pustule very different from the typical form, but closely resembling the lesion resulting from only partially successful inoculation of anthrax virus upon carnivorous animals, and similar to that produced by Pasteur's "attenuated virus" in the herbivora. In the other variety of the disease, the anthrax fever, still more important deviations from the accepted type are described, and although the German and French observers look upon the affection as almost always fatal, Mr. Spear concludes that only a moderate number of cases terminate unfavorably. Again, while one man may be stricken down by a rapidly fatal malady, his comrades, working in the same material, may also be affected, but by a form of the disease which stops short of the severer symptoms, and ultimately goes on to recovery. The histories of long-continued malaise, also, among wool-sorters are numerous. The symptoms are much like those of the prodromal stage of acute infection—headache, depression, nausea, dimness of sight, cramps, restless sleep, with the occasional appearance of cutaneous eruptions, petechiæ, boils or herpes. At times an apparent periodicity is observed in the subjective symptoms. Such manifestations may occasionally occur as prodromata of an acute attack of the disease; more often, however, they disappear spontaneously. The author admits the possibility of a chronic anthracoid poisoning, the analogue of which may be found in malarial disease. The operation of the virus from its very inception is peculiarly inconstant. Incubation may be deferred by long periods of latency; full development may be delayed by prolonged and intermittent prodromata; often the disease aborts. At first, and for a variable time, the virus is "barely able to prolong its existence;" either the removal of unknown obstacles, however, or the addition to the blood, or secretions, of agents promoting the development of the poison, or both these contingencies, enables the infectious material to exert its full sway, and the disease to run its fatal course. To explain the unequal receptivity to the poison, Mr. Spear revives an old theory, that of the eating of more or less crude vegetables and fruit. Guided by the well-known predilection of this contagium for herbivorous animals, and by the fact that flesh-fed rats prove refractory to inoculation with anthrax virus, while the same rats fed on vegetables quickly succumb, the author was led to inquire into the alimentation of the wool-sorters who had suffered from acute attacks of anthrax fever. He found that in nearly every case in which information was obtainable, the development of urgent symptoms had supervened upon the ingestion of an unusual quantity of vegetable food in some form or other. Again, in several cases of remission of the symptoms, a relapse seemed to follow the eating of vegetable food. In Constantinople also, where the external form of the disease is well known, the eating of vegetables and fruit during an attack is regarded as "especially dangerous." The evidence appears to be strong and circumstantial so far as such evidence can be. The experiments of Feser are now very generally accepted by continental authorities as indicating that the relative immunity of the carnivora is not inherent to the genus, but is influenced by the nature of their food. The immunity of the fœtus is now regarded as dependent on the fact that it is really a carnivorous animal, not on any filtering action of the placenta. As Mr. Spear says: "It is conceivable that alimentary substances may bring about in the body such chemical or morphological changes as will render its fluids a richer field for the proliferation of disease-germs."—*Med. Record*, Jan. 14.

## THE DELIRIUM OF TYPHOID FEVER.

Clinic of Prof. J. M. DaCosta, M. D., Phila.

This patient has only been in the house a few days. The striking feature of the case is active delirium. The man was admitted on the 8th of November. Until eight or nine days ago he was in good health. Then he began to feel poorly. He had headache, disturbed sleep, poor appetite, pain in the head and lumbar regions, and general malaise. Seven days before he was admitted he had a slight chill followed by fever, which has lasted ever since, but without night sweats. The bowels were regular at first, then he had from four to six stools daily. There was some slight epistaxis and pain at the lower part of the abdomen. Upon admission we noticed that his face was flushed, his countenance dull, his eyes injected, and that he was slightly deaf. His nose bled, his tongue was dry, and coated in the middle with red edges and very tremulous. The characteristic rose-spots made their appearance on the abdomen. There was some congestion of the lower part of one lung, with cough. Both lungs posteriorly were slightly dull, showing evident congestion. Pulse, 84; temperature,  $104\frac{1}{2}^{\circ}$ . Notice the disproportion between the pulse and temperature. When the temperature is  $104\frac{1}{2}^{\circ}$ , the pulse is usually from 110 to 130. The patient was placed upon the ordinary treatment, dilute muriatic acid, liquid diet, small amount of stimulus, small quantity of quinine, one grain suppositories of opium to check the diarrhoea. On the 9th of November, the delirium was active, he tried to get out of bed. The diarrhoea was not so easily checked. He had five movements in the twenty-four hours. The stools were dark, thin, and very fetid. November 10th, he is even harder of hearing than on admission. The delirium is considerable, especially at night. He is often stupid during the day. During the night when the delirium is active, he mutters, tries to get out of bed, is very sleepless. As a means of controlling the sleeplessness and delirium, we have given him during the last few nights from forty to sixty grains of bromide of potassium, in divided doses. The influence of this treatment has been good, it has kept him quieter at night, has removed the active element of delirium, and also procured some sleep for him on the second night. The case is remarkable by reason of the amount of restlessness, of active delirium during the night, and of stupidity during the day. The temperature was as high as  $104\frac{1}{2}^{\circ}$  three evenings in succession, with from one to one-and-a-half degrees of morning remission. The case is one of continued fever with marked exacerbations. We have here the dull stupid, flushed face of a case of typhoid fever in which certain symptoms are pronounced. The face is very characteristic. The pulse is soft and compressible, and this morning was 82 to the minute. It is less soft and compressible than we generally find. The respirations are 26 to the minute. Let us examine the heart and see what its state is. I find this striking peculiarity. I barely hear the first sound. The second sound is distinct and marked. At the middle of the heart the first sound is barely distinguishable. It is more, but not much more distinct at the apex. There is no murmur. I examine the abdomen and find the characteristic rose-colored spots.

They are unusually profuse here (more than the average number), are slightly raised and disappear on pressure. The man winces when I press in the right iliac fossa. There is no tenderness in the left. He has had only one stool in the last twenty-four hours, owing to the opium suppositories. We have thus succeeded as you see in checking the diarrhoea. The patient has a good deal of throbbing of the carotids low down, but unassociated with murmur. The pupils are sluggish and tend to be dilated. They are not so this morning, because he is under the influence of opium. The conjunctivæ are not injected. He puts out his tongue. I wish you could take a model of this typical typhoid fever tongue. He protrudes it with some difficulty. It is tremulous, dry, glazed, cracked here and there; its coat is irregularly distributed. His teeth are covered with sordes. This usually happens in cases of more than average severity. There is no albumen in the urine. I told you that this case presented some unusual nervous symptoms, with very slight.



headache, great deafness, and rather high temperature. The delirium of typhoid fever is not generally an active delirium. In the majority of instances it is simply that form of which this man presents the type, a muttering, dull delirium. The man is hard to rouse, but the delirium is active at night. This is a rare form. This delirium, while it has a more violent and different character, has also set in rather early. It began in the first week, or rather in the beginning of the second. He was delirious when admitted, delirious, in fact, some days before admission. On what does this active delirium of typhoid fever depend? On inflammation of the brain or its membranes? Has it anything to do with the state of the kidneys? Is it like uræmic delirium? Or, is it the expression of a profound disturbance of the nervous system by the typhoid fever poison aided by the altered condition of the blood? Now, whatever may be the question, as to the existence of uræmic delirium in typhoid fever, it is not present here, though sometimes in graver cases. Is it a sign of inflammation of the brain? No. The dilated and not contracted pupil show us this. Vomiting usually accompanies delirium due to inflammation of the brain; here it is absent. Moreover, the post-mortem appearances, no matter how violent the delirium, show us no inflammatory action in the brain. From the clinical evidence and the necropsy, it is not caused by inflammatory lesions, but is rather due to a profound perturbation of the nervous system aided by the lack of nourishment carried to the nerve-centres, due to the altered state of the blood. There is a great profusion of rose-colored spots where the blood is much affected. The absence of headache is further evidence against its inflammatory origin. Having explained the delirium to you, you will want to know the proper treatment. The small doses of opium, 1-gr. suppository, three times a day, which we give for the diarrhoea, has a good influence, to some extent, over the disturbed action of the nerves. It quiets the delirium. Nor in cases where it did not produce speedy action by bowels or stomach, should I hesitate to give it hypodermically. The patient must have one-sixth of a grain hypodermically if he tries to get out of bed. But we can further improve the action of the opium by certain remedies acting on the circulation, and as sedatives to the nervous system. The combination of digitalis and opium is a good one. It is best suited to cases where there is considerable rapid action of the heart in addition to the delirium. Here the heart is rather slow and the digitalis does not come under the law just enunciated. There are different remedies for calming the nervous system. The best are the bromides and chloral. One drachm of the bromides, in divided doses, did great good here and gave sleep. Often the bromides will not answer, (we give it with opium here). When given alone they are not generally active, and have to be combined with opium. If this combination fails, chloral must be given in decided doses—fifteen grains every two hours until its effect is produced. In these cases cold applications to the head are also indicated; or, putting the patient in a bath relieves the delirium and wakefulness and produces profound sleep.—*Med. Gazette, Jan. 21.*

#### ANTISEPTIC TREATMENT OF THE ZYMOTIC DISEASES.

Dr. A. D. MACDONALD writes, in the *Dublin Medical Journal*:—When attending the lectures of the learned professor of Practice in Edinburgh University, it struck me that antiseptic treatment was the true and rational corollary to the highly probable germ theory of infectious disease. Granted the germ theory to be true, it seemed to me to follow as naturally in medicine as in surgery that the proper course to adopt was to kill the germs, or, if that be impossible without serious results to the patient, at all events to lower their vitality. In the *Journal* for June I briefly referred to the administration of carbolic acid in whooping cough. Since writing I have had the opportunity of giving carbolic acid in six cases of scarlatina. Fully two months ago I had tried it in a solitary case.

The sulpho-carbolates used to be given in Edinburgh, but, unfortunately, they have fallen into neglect. Recently a German physician has treated

typhoid fever antiseptically with good results, and equally favorable has been the subcutaneous injection of solution of benzoate of soda in yellow fever, where the multiplication of germs in the blood has been demonstrated to occur, thus adding another factor to the induction proving the germ theory.

As yet I have not felt quite confident enough to quit the apron strings of Mindererus, but have given glycerine of carbolic acid in combination. Six cases have been so treated thus far—two with copious rash and pretty severe sore throat. The dose given was one minim of the acid every four hours in one of the two, a young man of 19; a quarter to half a minim in other cases, children. All have done perfectly well.

Now, what I have said by no means proves that carbolic acid is a remedy for scarlatina; long experience and strict investigation alone will do that, but, theoretically, it is good, and practically, I have shown that carbolic acid may be safely given to scarlatinal patients. Thus, there is a starting point for further research. There is the fact to help us in selecting this as the scarlatinal antiseptic, that it has proved of some benefit in the, in some respects, analogous general exfoliative dermatitis. The variety of germs must necessarily be as great as that of the zymotics themselves, but there is also a variety of antiseptics as great as the variety of germs. We carefully attempt to destroy the germs in the air of the sick room and discharges of patients, by disinfectants. Why not also thus attempt their destruction in the body of the patient?—*Med. and Surg. Rep.*

#### INTERMISSIONS OF THE PULSE, SYNCOPE, AND SUDDEN DEATH IN TYPHOID FEVER.

In a treatise on the above subject, reprinted from the *Union Méd. et Scien. du Nord-Est*, Dr. Langlet draws the following conclusions:

In typhoid fever, during the period extending from the first week of convalescence to the middle of this stage, intermissions of the pulse are frequently observed. These do not appear to be in constant ratio with the intensity of the muscular lesions of the heart, and may be considered as accidents of cardiac innervation and of encephalic origin. They often lead to more or less grave syncopal attacks, from which the patient may entirely recover. These attacks of syncope, provoked by sudden movements or violent emotion, if prolonged, may prove fatal.

Intermissions of the pulse, without being the only factor in cases of sudden death in typhoid fever, seem to play a great rôle, and demand the attention of the practitioner, that he may be upon his guard to ward off grave accidents.—*Med. Record*, Dec. 10.

#### SUDAMINA AND BULLÆ OF TYPHOID FEVER.

M. ROBIN, (*Gaz. de Hôp.*) has collected and examined 3 grammes (about 3 j) of the water contained in the bullæ of a typhoid fever patient. It was transparent, colorless, of acid reaction, of a strong and disagreeable odor, and contained crystals of urea and chloride of sodium. It contained, moreover, on an average 3 v of solids per 2 pints, there being about 3 iij+ of organic matter to 3 j+ of mineral matter. This shows the importance of elimination by the skin. In this case the urine did not contain less than the usual amount of solid matter.—*Va. Med. Monthly*, Dec.

#### CASTOR OIL EXTERNALLY, IN TYPHOID.

The *Medical Journal* of London cites a case of typhoid fever in which half an ounce of castor oil applied externally over the abdomen of the patient, and covered with hot water cloths, produced purgative results. Other instances are also given in which the inunction of the oil produced the most satisfactory effects.—*Can. Pharm. Jour.*, Jan.

## SOME UNUSUAL SEQUELÆ OF TYPHOID.

Clinical lecture by Prof. DA COSTA, Jeff. Med. Col., Phila. :—

We are dealing this morning with bad cases and rare complications. I now show you another typhoid fever patient, who has been very ill, and could not be brought into your presence before; he is now improving so that I can show him without any risk to himself. I will, however, proceed at once to examine him so as not to detain him in the clinic-room; I will then make some remarks upon the case.

His name is Martin M., twenty-one years of age, of Irish extraction. You see he is very pale, frightfully anæmic; his mind is now perfectly clear; he passes out his tongue when told; it is not very much coated; you are, perhaps, struck more with its pallor than with anything else; his pulse is feeble, and beats 110 in the minute, it has been about 120; his bowels are now regularly moved once a day, or sometimes only every second day; he has no tenderness in the iliac fossa nor indeed anywhere in the abdomen.

## MILK LEG IN TYPHOID.

But now comes one of the symptoms which made this so serious a case, and of which you will see sufficient evidence remaining to identify the clinical history. He has had milk leg of very bad character, a phlegmasia alba dolens. Look at it. Although the leg is markedly diminished from what it was, you will still see that the right leg is considerably more swollen than the left. It has been still more swollen and very tender on pressure; the pain on pressure now has also subsided, except immediately along the course of the saphena vein, which is large and of cord-like density.

## PURPURA DURING TYPHOID.

This swollen leg has been one of the symptoms from which this poor man has been suffering, now happily declining; it was associated for a time with considerable pain in the thigh and in the calf of the leg, but he also has had something else. Look at this left leg. Just above the ankle and on the dorsum of the foot see the large petechial spots, dark blotches, now only seen in this situation, but about a week ago they were all over the body, large purple and black spots in the skin, which have now almost all disappeared.

There is another point to which I will call your attention, and then will let him go out. In addition this man's life was almost ebbing away by profuse and repeated bleedings from the nose, so much so that the only means we could employ to stop them was plugging the nose, which finally arrested the hæmorrhage, which not only gushed from his nose but passed into the pharynx, and was swallowed, and afterward vomited. This is a case of recurring epistaxis late in the disease. It was subsequent to these attacks of bleeding that these spots appeared all over the body, although a few had been observed before.

These are the principal features of the case.

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## TYPHOID PAROTITIS.

Is not uncommon in typhus, but in typhoid it belongs to the rarest of its complications. I have told you already that its tendency is to suppuration, which makes the condition of the patient much graver. But, gentlemen, unless the size of the swollen gland is reduced by resolution, it is better for it to suppurate than to remain enormously enlarged. I remember a case of typhus fever where it was necessary to resort to tracheotomy to prevent suffocation from the mechanical pressure exerted by the mass upon the trachea. If it be found impossible to prevent suppuration with ice, then the next best thing would be, I say, to encourage free discharge to prevent burrowing and pressure upon the air-passages. I have spoken of its rarity, now what is the cause of this complication? It is an expression of blood-poisoning. It belongs to certain low forms of fever in which the blood becomes profoundly altered, and the wonder is that it is not more frequent in typhoid fever than it is. It results, moreover, not only from a septicæmic condition, but also in the pyæmic state, which is more often seen in surgical than medical cases.

In the latter condition it always indicates great gravity. I have not conversed with surgeons upon the ice treatment of gland swellings in pyæmia to prevent suppuration, but will suggest it, as it may prevent an additional drain upon the system. I believe it deserving of further trial.—*Boston Med. and Surg. Jour.*, Dec. 15.

### TYPHOID FEVER.—FORMULÆ.

#### STIMULANT IN TYPHOID FEVER.

R. Acid. hydrochlorici dil., ℥iv; spts. ætheris, ℥viiij; aquæ. camphoræ, fl. 3 iij. M. Sig: Make a draught to be taken every six hours, for a child of five with typhoid fever.

#### TO CHECK PURGING IN TYPHOID FEVER.

R. Olei terebinthinæ, ℥ xxx; tr. kino, fl. 3 iij; ext. opii liq., ℥x; mucilag. amyli, ʒ iij. Make an enema.

#### SUPERFICIAL EXCORIATIONS AND THREATENED BED SORES.

Take some thin pieces of India rubber or of gutta percha, and dissolve them in chloroform. Paint over the excoriated surface.

#### SALINE IN EARLY STAGES OF FEVER.

R. Liq. amm. acetat., 3 x; spts. amm. 3 iij; syrupi limonis, 3 vj; tr. acniti, ℥ xxx; aquæ ad., ʒ viij. Mix. Take one-sixth part every four hours.—*Med. Gaz.*, Dec.

### DIGITALIS AND QUININE AS ANTIPYRETICS.

The association of digitalis and quinine may be indicated under a great variety of circumstances, and it gives very good results as an antipyretic in phthisis with circulatory erethism, in certain cases of rheumatism, and in typhoid fever. Dr. Huchard (*Journal de Médecine et de Chirurgie*, December, 1881) claims very good results in such conditions from the following combination of quinine and digitalis: Quinine sulphate, ten parts; powdered extract of digitalis, one part. The dose should be varied according to the circumstances of particular cases.—*Chicago Med. Rev.*, Jan. 15.

### FUNGOID ORIGIN OF DIPHTHERIA.

Dr. MICHAEL TAYLOR, of Penrith, in recording an isolated outbreak of diphtheria, expresses his belief in the influence of dampness as an exciting cause, and in the connection with that disease of certain fungi associated with dampness. Three children, living in the same house and occupying the same bed-room, were all seized with diphtheria last August, in a district then free from any epidemic. The house was very healthy until the water-spouting of its roof got out of order. A great rainfall in July caused one wall of the bed-room to become saturated, through leakage of the spouting, the paper on the wall facing a passage, between the apartment and a second bed-room, became sodden and separated from the plaster, and small clusters of a toadstool (*Coprinus*) grew on the wall, as well as a fine thready bluish mould. The drainage of the house and its drinking-water supply were very good. Excepting near the damaged spots, the house was dry; and it is remarkable that the three children slept several weeks in their warm cribs in the damp room, without suffering in any way, and it was not until the fungi appeared that they were attacked with diphtheria. This is in accordance with Prof. Laycock's theory, that diphtheria depends on *Oidium*, or potato-fungus. If other vegetation was in question, there is fair reason to believe that the spores of many kinds of fungus may not merely irritate, but directly infect the mucous membrane of the throat.—*British Med. Jour.*—*Med. Brief*, Dec.

## TREATMENT OF DIPHTHERIA WITH ICE.

M. DE BLEYNE affirms that the results he has obtained from this treatment during the past sixteen years permit him to affirm that "diphtheria treated with ice is constantly cured."

The following mode of administration is recommended: 1st. Introduce into the mouth of the little patient a small fragment of ice every ten minutes, without any interruption, whether the child is awake or sleeping. Young sleeping children absorb the ice without awakening. The fragment of ice should be swallowed when it is almost melted. 2d. Do not cease giving ice until the false membranes have entirely disappeared; this happens from the second to the eighth day. 3d. Keep good watch over the throat, and if the membranes reappear, recommence the treatment, and in fact for some days it will be better to continue giving ice every half hour, lengthening the intervals each day. 4th. From the beginning give wine and good nourishing food.—*Amer. Med. Weekly*, Jan. 3.

## DIPHTHERIA—A FORMULA.

W. SEMPLE, M. D., New Liberty, Ill., writes:—Some time ago being in a neighboring town on business I was called in to see a patient. Found a young woman of 18 or 19 years of age with an advanced case of diphtheria. Trachea was so filled with false membrane that respiration was almost stopped. Having no medicine case with me I was for a moment completely at my wits' end; something must be done and quickly. Made enquiry for lime but could get none. Fortunately I recollected having a bottle of the following formula in my pocket which I proceeded to use with a swab and with surprising effect. Immediately on applying it the membrane shrunk so quickly that respiration became easy and matters looked hopeful. Made a second application and a short time afterward gave an emetic of salt and mustard which expelled the membrane and the patient made a good recovery. Since then I have used it with success in all such cases:

R. Monsel's solution; comp. sol iodine and glycerine, ss ʒj; carbolic acid, gr. x.

For young children I reduce the above somewhat with glycerine, always paying strict attention to constitutional requirements—*Therap. Gaz.*, Dec.

## LEMON JUICE IN DIPHTHERIA.

Dr. J. R. PAGE, of Baltimore, in the *New York Medical Record*, invites the attention of the profession to the topical use of fresh lemon juice as a most efficient means for the removal of membrane from the throat, tonsils, etc., in diphtheria. In his hands (and he has heard several of his professional brethren say the same) it has proved by far the best agent he has yet tried for the purpose. He applies the juice of the lemon, by means of a camel's hair probang, to the affected parts, every two or three hours, and in eighteen cases in which he has used it the effect has been all that he could wish.—*Gaillard's Med. Jour.*, Dec.

## THYMOL IN DIPHTHERIA.

The following mixture containing thymol has, we read in *Le Progrès Médical*, proven very efficacious in Dr. Warren's hands:—

R. Thymol, gr. ivss-viss; Potass. chlorat., ʒ iiss; Quinæ bisulph., 3 ss-3 j; Sp. vini gall., ʒ viiiss; Glycerinæ, ʒ ij. M.

For children, from two to five years of age, a dessertspoonful may be given every hour, or every second hour.

The mixture should be given, if possible, undiluted, in order to obtain its excitant, almost irritant action on the buccal parietes.

This mixture may also be employed as a prophylactic agent against diphtheria and malaria. By the addition of a few drops of tincture of iron to each dose it acts as a tonic and may be employed with success in typhoid fever when diarrhoea is present.—*Med. and Surg. Rep.*, Jan. 14.

### PEPSIN—SOLVENT FOR DIPHThERITIC MEMBRANE.

Dr. W. HALE WHITE writes to the *Lancet* of October 22, giving an account of a case in which, after tracheotomy, glycerin of pepsin was sprayed into the throat by means of an atomizer, the solution being first heated to the active temperature of pepsin (110°). The child recovered.—*Med. Times*, Dec. 3.

### TARTARIC ACID IN DIPHTHERIA.

The topical use of tartaric acid in diphtheria has been successfully resorted to by M. Vidal, who, in one of the foreign medical journals, remarks upon the necessity of thus making use of topical agents against the false membrane, as it has a great tendency to spread by a sort of auto-inoculation, comparable to what occurs in certain cutaneous affections. His formula is ten parts, by weight, of tartaric acid, fifteen of glycerine, and twenty-five of mint water. The acid acts upon the false membrane, converting it into a gelatinous mass, and favors its expulsion.—*Gaillard's Med. Jour.*, Dec.

### SULPHUROUS ACID IN DIPHTHERIA.

Dr. H. P. YEOMANS, Mount Forest, Ontario, (*Canada Lancet*, December 1, 1881,) claims that he has had very good results from the use of sulphurous acid in the treatment of diphtheria. He uses a mixture of equal parts of sulphurous acid and glycerine, of which he gives ten to twenty drops every hour. The volatility of the acid enables it to penetrate the nasal passages readily.—*Chicago Med. Rev.*, Jan. 15.

### LOCAL TREATMENT OF DIPHTHERIA.

Mr. LENNOX BROWNE, London, Int. Med. Cong., said:—

Experience of so-called solvents, gives preference to lactic acid. The constant use of ice and beverages containing chlorate of potash, the last measure acting constitutionally as well as locally.

Removal of enlarged tonsils advocated even during an attack of diphtheria, as a local measure calculated to have the best results, (1) as removing an impediment to the respiration, (2) as preventing the downward progress of exudation, and (3) as an early substitute for or prevention of the more dangerous measure of opening the windpipe.—*Amer. Practitioner*.

### TREATMENT OF DIPHTHERIA BY CYANIDE OF MERCURY.

Dr. ROTHE (*Deutsche Med. Wochenschrift*, 1881, p. 467) reports thirty-four cases of diphtheria successfully treated. He uses the cold pack, hourly changed, thrice daily, rapid pencilling of the gums, etc., with the following:

R. Acid. carbolic, part j; spir. vini gal., part j; tincturæ iodini, part j; glycerinæ, parts. v.

Internally, the following:

R. Hydrarg. cyanid., centigr. 0.01; aquæ destillat., grm. 120; Tinct. aconiti, grm. 1. Misce.

Sig.—Dessertspoonful every hour. For young children the dose is to be proportionally diminished.—*Med. Times*, Dec. 8.

### AMERICAN GOUT.

Although modern medicine has materially advanced our knowledge of the clinical history and morbid anatomy of gout,—that highly respectable and venerable disease which has been handed down as a precious heirloom from our ancestors,—yet its pathogeny still remains pretty much in the same state as it was sixteen centuries ago, when Aretæus was prompted to declare that “its nature was known only to the gods.” One of the last strongholds of humoral pathology, it still defies the scalpel of the medical examiner to lay bare its essential lesion. Within a comparatively short period, however, we have observed that renewed interest has been attracted to this subject (which, owing to its antiquity and persistence, already boasts a formidable literature), and papers, not only upon unequivocal gout, but also upon its latent and undeveloped forms and the isolated manifestations of the arthritic diathesis have appeared in current medical literature, and have led to renewed discussions upon the pathology of gout and its rational treatment.

One of the latest contributions to this department of clinical medicine is from the pen of Professor Da Costa, entitled “The Nervous Symptoms of Lithæmia.” In this instructive and practical paper, Da Costa calls attention pointedly to a morbid state which he considers as coming properly under the head of lithæmia,—a state closely allied to gout,—“that does not bring with it the inflammation, pain, and obvious swelling of the gouty paroxysm, but which works more silently, is characterized by the abundance of lithic acid or lithates in the urine, frequently coexists with signs of mal-assimilation of food, and with aches and pains unaccompanied by any perceptible changes of the aching part. Hepatic derangement is also often found; and from this end of the chain the links are stretched through many vague, almost nameless, symptoms to outbreaks of true gout or to structural change in heart, the vessels, and kidneys.” This imperfect gout Da Costa considers as preëminently the American form of gout, and as explaining a host of obscure symptoms whose relations have been and still are often misconstrued. It is evident, however, that America, though offering a favorable soil for this manifestation of the gouty diathesis, is not its sole producer. It seems to be attendant upon the “*sturm und drang*” of modern life, and even Englishmen are exchanging the old-fashioned arthritic gout for the lithæmic forms. In the first volume of a book, which has just appeared, on “Indigestion, Billiousness, and Gout in its Protean Aspect,” Dr. Fothergill, of London, has much to say on this subject and promises more in the second volume. The peculiar nervous symptoms of this state—the vertigo, intermittent headache or neuralgia, muscular cramps and twitchings, perverted sensation or anæsthesia, the sleeplessness, nervous irritability which passes for “nervousness” or “hysteria” and excessive mental irritability or unaccountable lassitude—may very readily be mistaken for signs of organic disease of the central nervous system, but attention to the clinical history, and above all examination of the urine, will reveal the source of the symptoms to be a blood charged with excess of lithates, and so guide the attending physician to a successful course of treatment. Hygienic and dietetic methods, of course, occupy a high place, and diuretic mineral waters, with occasional purgatives, are of great service in the therapeutic management of such cases, while the pharmaceutical remedies are the citrate of lithium, and perhaps the iodide of potassium, or colchicum. A warning is given against the free use of nervous sedatives and anodynes, which, Da Costa says, should be reserved for special occasions and used sparingly.

A number of illustrative original cases reported in the article appear to fully sustain the views set forth in this interesting and suggestive essay, which,

coming from one so well qualified to speak upon clinical medicine, must attract considerable attention, not only to the disease itself, but to the special manifestations of gout on this side of the Atlantic. Whether or not gout, like cancer, is on the increase among civilized nations, as a sort of penalty for artificial conditions of existence, is a question which has scarcely passed the stage of speculation, but it is one which already has attracted considerable attention, and is well worth further study.—*Boston Med. and Surg. Jour.*

### RHEUMATISM.—UTILITY OF THE SALICYLATES.

Much discussion, during the month of last December, was had in England as to the real value of the salicyl compounds in acute rheumatism. In the *Lancet* for December 31, 1881, we find a report based on twelve hundred cases of this disease treated in Guy's Hospital by different physicians and by various plans of treatment. Such a large number of cases, treated under precisely the same conditions, offer peculiar advantages for determining the relative value of the different plans of medication. As a result of the analysis, it appears that those patients taking salicylates lose their pains more quickly than those who are not taking this remedy. Out of 350 cases collected by Dr. Fagge who were treated with salicylates, 288 lost their pains within the first nine days of treatment. Of a series of 350 cases collected by Dr. Hood, and treated with salicylates, 247 lost their pains in the same time. Of 350 cases not treated with this remedy, only 141 lost their pains within nine days. It appears, however, that relapses among patients taking salicylates are "vastly increased," and that, although "patients soon lose their pains, they are left feeble and exhausted after the use of this remedy."

Not less important than the pains and the duration of the disease is the question of cardiac complication. The results of the treatment of 1200 cases are given. In the words of the report:—"We find that among the 350 patients treated by the salicylates, 241 suffered from heart affection of some kind or other; among the 350 treated without the salicylates, 227 suffered from this complication; of the 500 without salicylates, 273 were affected. The proportion between the two classes is much the same, but what little advantage there is does not lie on the side of the salicylic treatment."

These facts are at variance with the statements of MacLagan, who maintains that the salicyl compounds destroy the *materies morbi* of rheumatism, and thus prevent the cardiac complications.—*Medical News*, Jan. 28.

### RHEUMATISM AND GOUT.—ELECTRICITY.

From a paper by Dr. ROSENBURGH, Toronto Med. Soc.:—Rheumatism is a constitutional disease and requires constitutional treatment. The best results are obtained by general faradization, central galvanization, and the alternate galvanization and faradization of the affected joints. Swollen joints are treated by mild and steady currents.—the application being made, preferably with the positive electrode. Prolonged local applications of the galvanic current may be tried for ankylosis. "The most uniform results are obtained in the muscular form; the next best are the sub-acute and acute, and the least satisfactory of all in the chronic stages." In *lumbago*, *pleurodynia*, and *stiff neck*, mild currents, either the faradic or the galvanic, are used locally. In *lumbago*, some authors prefer strong galvanic currents, one pole being placed on each side and the current applied transversely. An attack of *myalgia* may sometimes be completely cured by a single application of a mild faradic current, prolonged for one or two hours.—*Canada Lancet*, Jan.



## ACUTE AND SUB-ACUTE RHEUMATISM.

In ten years' hospital experience of acute and sub-acute rheumatism, Dr. CARTER, *Liverpool Med. Chir. Jour.*, met with four hundred and thirty-one cases, of which ten proved fatal, a mortality of two and three-tenths per cent., the deaths occurring chiefly in cases with very high temperature. As to treatment: for hyperpyrexia he believes that baths are the only thing from which good results can be expected. The temperature of the water at the beginning should be 90° F., reduced to 80° or 75° in twenty-five to forty-five minutes. He believes that a body temperature of 105° is dangerous, and an indication for the employment of the bath. Where more or less periodicity is present, he believes malaria to complicate the disease, and gives quinine with other remedies. If the pains are markedly worse at night, and there is any suspicion of syphilis, he gives iodide of potassium. Blisters were found to be efficacious in relieving pain and tension in the joints. He believes thoroughly in salicylic acid, or the salicylate of sodium, their most decided effects being shown in acute uncomplicated cases; and he gives them in large and frequently repeated doses. He found that in eight per cent. of his cases they failed to give relief. In one hundred and seventeen cases he has never seen any delirium or great cardiac depression result from their use, except in four doubtful cases. Hydrobromic acid and salicylic acid constitute a good combination. Salicylic acid has great influence in warding off cardiac complications. After administering the acid for some time it was found that it took from forty-eight to seventy-two hours before all trace of it disappeared from the urine, and he advises its administration three or four times a day for a few days after the patient begins to move about, with tincture of the chloride of iron night and morning.—*New York Med. Jour.*, Dec.

## ACUTE AND CHRONIC RHEUMATISM.

R. Guarana, grs. xv., with hot water, cream and sugar for a dose, and increase to *forty* grains once or twice a day.

Said to be *almost* a specific in Acute Rheumatism, and very beneficial in the chronic cases.—*Indep't Practitioner*.

## ACUTE RHEUMATISM.—THE CYANIDES.

Dr. A. LUTON gives the *Cyanide of Zinc* in pill, in doses of from three-fourths to one and a half grains in a single day.

The *Cyanide of Potassium*, pure and well prepared, is perhaps to be preferred, he thinks, to the Salt of Zinc, on account of its evident activity. In mixture he gives it in the dose of one and a half grains per day. It is best administered in the form of pills, coated with silver. It is not advisable to go beyond two grains a day.—*Indep't Practitioner*.

## TREATMENT OF NEURALGIA AND RHEUMATISM BY ELECTRICITY AND IODOFORM.

Dr. Mosso describes, in the *Gaz. Med. de Torino*, 1881, eighteen cases of rheumatism and neuralgia treated by electricity and iodoform. He says that useful effects are often produced by a simple Gaiffe's apparatus, with a weak induced current, in neuralgia and rheumatism. Sometimes, however, the malady does not yield to electricity; and in such cases he has given iodoform internally with success, sometimes alone, sometimes in combination with quinine, salicylate of soda, or bicarbonate of soda. This treatment gave the best result in neuralgia, but was useless in two cases of traumatic sciatica. The daily quantity was from 5 to 6 decigrammes (about 7½ to 9 grains),

besides what was applied externally, and no inconvenience was produced. In one case in which pure iodoform was applied externally, recovery took place, and iodine was detected in the urine. Dr. Mosso says that iodoform may be given without fear in doses of from 10 to 15 centigrammes several times a day, external friction and other means of promoting the action of the remedy being employed at the same time.—*London Med. Record.*—*Cin. Lan. and Clinic.*, Dec. 31.

### SODIUM BENZOATE IN RHEUMATISM.

Dr. DAVID MACEWIN recommends the use of benzoate of sodium in doses of twenty grains every two hours in acute rheumatism. He has used it in five cases, and the improvement has been more rapid and the results more permanent than from salicylic acid or its combination.—*British Med. Jour.*—*New England Med. Mo.*, Dec.

### FORMULA FOR ACUTE RHEUMATISM.

R. Sodii salicylatis,  $\frac{3}{4}$  ss; glycerinæ,  $\frac{3}{4}$  ss; spts. lavandulæ co.,  $\frac{3}{4}$  jss; liq. ammon. acetatis q. s. ad.,  $\frac{3}{4}$  viij. M. Sig.—Take a tablespoonful every three hours.—*Mich. Med. News*, Jan. 10.

### SNAKE POISON.—POTASSIUM PERMANGANATE AN ANTIDOTE.

Dr. J. B. DE LACERDA, of Rio de Janeiro, is the author of a pamphlet in which is claimed that he has discovered an antidote for snake poison. In the first place, he claims to have proven the poison of snakes to be digestive ferment analogous to pancreatin, but exerting far more powerful action on albuminoid bodies than the latter; and further, he considers the virus of *Lochesis* and *Crotalus* more active than that of *Bothrops*.

Proceeding from these considerations, experiments were instituted with dogs, the virus, collected on cotton and dissolved in water, being applied subcutaneously. The antidotes were employed in the same manner. He tried in succession ferric chloride, mercuric nitrate, borax, and honey; none of which, however, proved satisfactory. He then directed his attention to potassium permanganate as a very efficient oxidizing agent. He injected a quantity of virus, known to be lethal, under the skin of a dog, following the same, a minute later, with one fluigram of a one per cent. solution of the permanganate. No appreciable local effects were produced, but the animal recovered. Repeated experiments were followed by the same results. Later, the author found that, with a proper instrument (Dr. Ore's vein injector), the antidotal solution can more profitably be injected directly into the veins of the poisoned creature, from two to four fluid grams being introduced, according to the gravity of the case. He also advises the internal administration of wine to support the sinking vitality.

The antidote is prepared by dissolving 1 part of chemically pure potassium permanganate in 100 parts of absolutely pure distilled water, filtering through glass wool, and preserving in well-cleaned vials protected from light and air. The author requests results of experiments to be communicated to the "Museo Nacional do Rio de Janeiro."—*Pharm. Centralh.*—*Pharmacist*, Dec.

### POISON IN CANNED MEATS.

No country does so large a business in canned meats, fish, vegetables, and fruit of all kinds as does the United States. For example, there were canned for home and foreign use forty-eight million pounds of salmon alone during the past year, and this represents only what is done in the States on the Pacific coast. We are not aware of any definite statistics regarding the

amount of goods canned in other portions of the country, but it is a well-known fact that they form an important part of the stock in every grocer's store, and that enormous quantities are exported to England and other European countries.

It is for this reason that certain facts recently published by Mr. Otto Hehner, R.I.C., in the *Lancet*, are of particular interest to Americans. Mr. Hehner, who is an analytical chemist of high standing, states that he has made a series of investigations into the composition of these canned goods.

The gastric disturbances known to follow at times the use of food that has been "tinned," have been generally assigned to the small amount of lead in the solder with which the cans are closed. Although in rare instances this may be really the case, Mr. Hehner believes that the real danger lies in the poisonous action of certain compounds derived from the tin itself. He has tested the contents of tin cans containing vegetables, meats of all kinds, fish, lobsters, and fruits. All of the samples examined contained more or less of tin. In many the amount was so large that abundant reactions could be obtained from two or three grammes of the vegetable substances, whilst of the animal foods, one of the soups contained thirty-five milligrammes (six grains), one of the condensed milks eight milligrammes, and the oysters forty-five milligrammes of tin to the pound.

Tin, according to the authority quoted, is far more readily attacked by food-matters than is commonly supposed, and is to be found in comparatively large amounts in an overwhelming majority of canned goods, irrespective of the nature of the same. Acid fruits, such as peaches and cherries, readily attack the tin, while meats and vegetables act upon it to a less extent.

Having shown the almost uniform existence of tin in canned goods, Mr. Hehner next discusses the question whether this tin is poisonous. Several experiments were made upon guinea-pigs with stannous hydrate and stannic hydrate. It was found that a little over ten grains of the stannous hydrate would produce death in a guinea-pig, with symptoms of irritant poisoning. The stannic hydrate, however, seemed to be innocuous.

The conclusions are that the canned foods would be more likely to cause the production of stannous than stannic hydrate. Consequently, it must be supposed that in most cans there is more or less of an irritant poison.—*Med. Record*, Dec. 17.

### INJURIOUS ACTION OF POTATO-SUGAR.

Profs. KEDZIE, NESSLER, BARTH, FLECK, and SCHMITZ are of opinion that potato-sugar contains impurities—sulphuric acid, iron sulphate, and lime. Its most dangerous ingredient is a bitter matter remaining after the sugar has passed into fermentation, and which occasions cold sweats, oppression on the chest, headache, etc. Wines "gallized" with potato-sugar are consequently *pro tanto* poisonous, and the use of such sugars in brewing becomes a matter of questionable permissibility.—*Druggists' Cir.*, Jan.

### POISONING BY RESORCIN.

By WILLIAM MURRELL, M. D., M. R. C. P., in *Medical Times and Gazette*: On the morning of Sunday, December 5th, at about half-past five o'clock a young woman of nineteen, who had been taking resorcin with benefit was found to be suffering from one of her asthmatic attacks. At 7 o'clock she was given two drams of resorcin in a little milk. Almost immediately, as she subsequently told us, it flew to her head and she felt giddy and had "pins and needles" all over. In a few moments she became insensible, and was found lying on her side, with closed eyes and clenched hands, and faintly moaning. She had not been sick, but was bathed in profuse perspiration, and was very cold. Dr. Jessop was at once sent for, and at 7.10 found her

in the following condition: "Insensible; in a profuse perspiration from head to foot; groaning; pallid; lips blanched; tongue dry; no foaming at the mouth or smell in the breath; pupils equal, normal; conjunctivæ insensible to touch; teeth clenched; skin cold and clammy, and temperature evidently low. No facial paralysis; no paralysis of mouth or esophagus; pulse imperceptible at the radials; chest-walls almost motionless. On stethoscopic examination very little air was found to be entering the lungs; no rhonchus; heart sounds very faint and heard with difficulty—no distinction between first and second sounds. Abdomen not distended; walls flaccid. No urine or feces passed. Arms and legs limp—arms less so than legs; total absence of reflex action on tickling foot; no patellar reflex; no tetanus; no spasm, either tonic or clonic." Dr. Jessop realizing the urgency of the case forced open her mouth and poured down about two ounces of olive oil. He then applied the stomach-pump and in a few minutes the stomach was emptied and thoroughly washed out with tepid water. He next injected a scruple of sulphate of zinc and a dram of mustard, and the patient vomited slightly. She was flicked with a wet towel, and an endeavor was made to get her to walk, but she was found to be absolutely powerless. The pulse at the radials was now weak and thready, and the temperature in the axilla was only 94°. In a few minutes the breathing improved, and the conjunctivæ were found to be slightly sensitive. The extremities were still cold and sweating. From 7.30 to 8 A.M. the patient was gradually coming round, and could answer in monosyllables, although she seemed hardly to understand what was said to her. The axillary temperature was now 95°. At 8 A.M. the feet were warmer, consciousness was returning, and the pulse under the influence of brandy became stronger. At 8.30 A.M. she was given an inhalation of nitrite of amyl; the temperature was 96°, and it gradually rose to the normal. At 8.45 A.M. she was conscious, and we were satisfied that she was out of danger. At 11 A.M. the temperature was 99°; at 3 P.M. 102.2°; at 6 P.M. it was 100.4°. On the following and subsequent days it was normal. There was never at any time ptosis, strabismus, or salivation. The first urine passed presented the usual olive-green color, but this disappeared in about twenty-four hours. There was no action of the bowels. . . .

The symptoms developed in this case present several points of interest. The general resemblance to poisoning by carbolic acid is very apparent. The cold sweats, stupor deepening rapidly into collapse, with complete abolition of sensory and reflex movement, are noteworthy. The fall of the temperature is very remarkable. The condition of the urine is also noticeable. It is difficult, without further experiments on the lower animals, to say exactly how resorcin acts, but it is undoubtedly a cardiac depressant, and probably exerts, in addition, a direct action on all the organs involved. Respecting the treatment adopted by Dr. Jessop, it may be said that it was the best that could possibly have been employed. The olive oil probably prevented further absorption until the stomach was emptied by the stomach-pump. In poisoning by carbolic acid the exhibition of alkalies in solution and in large excess has been recommended, and Baumann and Sonnenburg have suggested the use of sulphate of sodium as an antidote. Should the condition of collapse continue it would be advisable to administer a hypodermic injection of atropia. Dr. Andeer considers that albuminate of iron and red wine are the best antidotes in resorcin poisoning. What is the largest dose of pure resorcin that may be given with safety I am not prepared to say, but I have often given forty grains every four hours without the production of any unpleasant symptom.—*Low. Med. News*, Dec. 10.

#### TOXIC DOSES OF CHLORAL.—AMYL NITRITE.

Dr. SINCLAIRE COGHILL is reported in *Le Paris Médicale* as having restored a very grave case of poisoning by a large dose of chloral by this agent. The patient seemed dead, but was revived by inhaling twenty drops of nitrite of amyl.—*Alienist and Neurologist*.

## POISONING BY WINSLOW'S SOOTHING SYRUP.

In the *Sanitary News*, December 15, 1881, there is a report of another death of a child eight months old, from the administration of a teaspoonful of "Mrs. Winslow's Soothing Syrup," the symptoms of poisoning by morphia being well marked. Analyses of this dangerous nostrum have shown that each ounce of the syrup contains *one grain* of morphia, so the dose, according to the directions on the bottle, for a child eight months old, contained *one-eighth* of a grain of morphia. It is about time that legal proceedings should prohibit the sale of such dangerous compounds, when advertised as inoffensive—*Med. News*, Jan. 28.

## CAPSICUM IN OPIUM POISONING.

A patient recently under the care of Dr. Dudley, while suffering from the insomnia produced by a prolonged debauch, purchased two ounces of laudanum, of which he swallowed one half. Within half an hour he had sunk into a deep slumber, and Dr. Dudley was summoned, who evacuated the stomach, relieving the patient of about one half the laudanum taken. Despite temporary rallies produced by strong coffee, atropine and constant movement, the patient after six hours of treatment seemed to sink into deep coma. He was given three drachms of tincture of capsicum, which was poured directly into the rectum. The effect seemed almost magical. The patient walked around rather briskly, talked more freely, and in about an hour was in his usual condition, apart from being much exhausted and complaining of considerable dryness in the throat, obviously due to the use of atropine. The case seems to be about the first in which such a mode of treatment appeared to be of service, and therefore merits mention.—*Chicago Med. Rev.*

## POISONING BY WINTERGREEN.

Dr. M. L. FICHTNER, (*Medical News and Library*) reports the following cases of poisoning by oil of wintergreen: Rauhaman C. and Malinda C., æt. respectively 14 and 15 years, drank, through mistake, on the 4th of August, 1881, the former about  $\frac{3}{4}$  j, and the latter about  $\frac{3}{4}$  j, of the oil of *Gaultheria procumbens*. Both were seized with vertigo, weakness, hot skin, frequent pulse, cold sweats, labored respiration, and dullness of hearing. In the latter there was also inability to speak, with cramp in epigastrium and convulsions. Warm water and salt were then given as an emetic, and followed by olive oil. In the former case olive oil was continued in half-teaspoonful doses three to four times a day for about ten days, and the patient recovered without any serious inconvenience. In the latter case, bromide of potassium, olive oil, and the decoction of slippery elm bark were used, with cold applications to the head. The patient died in about ten hours after the drinking from congestion of the brain and convulsions. The breath had a pungent odor, and the gaultheria was detected in the perspiration.—*Detroit Lancet*, Jan.

## POISONOUS ICE.

The Connecticut State Board of Health informs us that, in several instances, attention has been drawn to sewage-contaminated ponds with ice houses upon their borders, and that several isolated cases of enteric disease, and one death, from the free use of ice polluted by sewage, have been recorded in that State during the year.

The curious natural experiment of the United States vessel, "Plymouth," an elaborate report of which was reviewed in the *American Journal of the Medical Sciences* for January, 1881, shows conclusively that the germs of

yellow fever are not infallibly destroyed by a freezing, probably not by a zero temperature. Without venturing on any of the unsound reasoning from analogy, too common among medical theorists, this fact alone is sufficient to warn us of the possible danger that the poisons of enteric fever and other zymotic affections are not destroyed by the congelation of the water in which they float, even without the direct and positive testimony such as that given above that impure ice, especially when gathered from ponds polluted by sewage, may constitute a prolific cause of disease.—*Gaillard's Med. Jour.*

#### FATAL CASE OF GELSEMIUM-POISONING.

Dr. WILLIAM WATKINS SEYMOUR reports (*Boston Medical and Surgical Journal*, December 22) a case of poisoning in which two and a half ounces of the tincture of gelsemium had been taken after a drinking-bout, "to quiet the nerves." Two ounces of this amount had been taken during six or eight hours before the time when first seen, and the remainder immediately after. As no alarming symptoms presented themselves until after the last dose, nothing special seems to have been done beyond watching the patient. When seen the second time, he had lost control over motion, and speedily became unconscious. Emesis was induced by sulphate of zinc. Brandy was then given, 3 ij hypodermically and 3 j *per recto*, followed by faradization of the diaphragm and intercostal muscles, with but temporary benefit. Atropia (one fortieth grain hypodermically), nitrite of amyl inhalations, and carbonate of ammonia by the mouth were also tried, but without success, the patient dying comatose and cyanotic six hours after the ingestion of the last dose. The faradic current when at first used was prompt and satisfactory, but it seemed later to lose its power.—*Med. Times, Jan. 28.*

#### IODOFORM POISONING.

The application of large quantities of powdered iodoform to granulating surfaces does not seem to be as harmless as has been hitherto supposed. Since the recommendation by Mikuliez, German surgeons have applied iodoform in large quantities to the wounds caused by resections and carious cavities, without untoward results. But two deaths are now reported by Dr. Henry, (*Deutsche Medicinische Wochenschrift*, No. 34, 1881), not referable to anything but iodoform poisoning. One was an extended resection of the elbow, on account of fungous synovitis, with intra-muscular abscesses, in a man fifty-seven years of age. After the operation the entire cavity was packed with about one hundred and fifty to two hundred grammes of iodoform, a quantity no larger than has often been employed. The operation had been performed antiseptically. The patient became somewhat excited and even delirious within a day, subsequently remarkably quiet. He stayed in bed with open eyes, indifferent to his surroundings, and evidently misunderstanding any questions asked him. Food was taken when handed to him, and the scanty urine passed in bed. This state increased. The temperature remained normal, but the pulse was frequent and small. The sinking in of the abdomen and stiffness of the occipital muscles gave the appearance of tubercular meningitis. The patient died on the fifth evening in deep coma, with symptoms of pulmonary oedema. The only anomalies, of consequence, revealed by the post-mortem, were fatty degeneration of the heart, kidneys and liver. A second case died under similar circumstances, with the same symptoms and lesions. Cerebral depression and muscular weakness are the symptoms produced by iodoform poisoning in animals. When these appeared the dressing was removed, but without stopping the course of the poisoning. The urine was diminished in quantity and contained no albumen during life, but large quantities of iodides. The author advises caution in the use of large quantities of the substance, especially in old and feeble individuals.—*Chicago Med. Rev., Dec. 20.*

## CHLORATE OF POTASH POISONING.

The use of chlorate of potash as a household remedy, especially for children, is so common, that it is well to note the somewhat frequent occurrence of the fatal effects of overdoses of this drug. Dr. Satlow, of Leipzig, reports the case of a boy fifteen and a half years old, convalescent from diphtheria, who was attacked with symptoms of poisoning after swallowing a solution of chlorate of potash and water amounting to from twenty-five to thirty grammes of the salt. On the night of December 24th, after drinking the mixture, he was seized with frequent vomiting of dark green masses very similar to thin faecal discharges; at midnight a small quantity of dark urine was passed; at daybreak the patient was noticed to be jaundiced. December 25th, nine A. M., the temperature was 37° C.; pulse 124, weak; respirations 40. Skin cyanotic; lungs normal; heart sounds normal, excepting that the first sound was somewhat prolonged; some epigastric tenderness; liver enlarged and palpation both in this region and over the spleen, which was also enlarged, caused great pain. There was suppression of urine, none having been excreted since the small quantity passed in the night, the bladder having been found by the catheter to be empty. The patient complained of weakness, præcordial anxiety, and dyspnoea; the mind was clear; the vomiting continued every fifteen minutes. The anuria continued until December 26th, four A. M., when a few drops of dark-red, dense urine were passed accompanied by burning pain; the vomiting continued. Temperature 38.2° C.; pulse 104; respirations 28. At four P. M. the patient felt a little better, but a slight convergent strabismus of the left eye was noticed. The symptoms continued although stimulants were freely given and transfusion resorted to twice, and on the morning of December 28th the patient died, his mind remaining clear to the last, and death resulting gradually from increased weakness of the heart, accompanied by dyspnoea and subjective feelings of coldness and paralysis of the feet progressively extending upward. The post-mortem appearances, besides showing intense catarrh of the gastro-intestinal canal and enlargement of the liver and spleen, were especially interesting as showing the effect of the chlorate of potash on the blood, which was similar to the results obtained by the experiments of Marchand with this salt, the blood having the characteristic brown color (*lackfarbig*) and the density of syrup and the red corpuscles being especially affected, becoming pale and glutinous and gathering together in irregular clumps. A large quantity of reddish-brown fragments, supposed to be hæmoglobin, had been found in the urine passed on December 26th, and on examination of the kidneys these same masses were found in large numbers, especially in the convoluted and straight tubules, only sparingly in the glomeruli, and not at all in the interstitial tissue. It was also noticeable that there was no sign of an inflammatory condition anywhere in the kidney, the interstitial tissue being absolutely normal, and the epithelial cells of the tubules, although compressed by the masses of hæmoglobin, showing no trace of cloudiness or infiltration.—*Boston Med. and Surg. Jour.*, Jan. 26.

## TANSY POISONING.

GEO. A. STUART, M. D., Patterson, Iowa, writes:—Some weeks ago, I was called, in consultation, to see Mrs. T., who had taken a teaspoonful of the oil of tansy, "to restore her courses," at the beginning of the third month of pregnancy. I found the patient insensible, undergoing convulsive seizures, epileptoid in character, occurring every fifteen minutes, and lasting generally from forty seconds to one minute and a half. Opisthotonos, more or less marked, was present during each spasm. The face was livid, the eyes rolled upward, and the extremities cold. Respiration was very difficult, and the pulse, when it could be felt for the muscular rigidity, was small and thready.

I suggested strychnia hypodermically, and  $\frac{1}{15}$  of a grain of the sulphate was administered by the attending physician.

After the administration of the strychnia, the convulsions did not again occur, but the respiration still remained difficult, and the pulse small.

Whisky and the muriate of ammonia, with soporific doses of opium, were used for the remainder of the twenty-four hours, at the end of which time the patient was comfortable and in a fair way to recovery. Abortion did not result.—*Peoria Med. Mo., Dec.*

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### TREATMENT OF POISONING BY ACONITE.

As a contribution to the study of the toxicology of cardiac depressants, Dr. Edward T. Reichert publishes in the *Medical Times*, Nov. 19, 1881, a summary of forty-one cases of aconite-poisoning, thirteen of whom recovered. The general plan of treatment pursued in a vast majority of cases was the evacuation of the stomach, the administration of stimulants in liberal amounts, and the application of external stimuli.

Opium or its preparations were used in four cases, all of which terminated favorably. In one case the quantity administered is not stated; in one, half grain doses of morphine sulphate were given; in another, three hypodermic injections of fifteen minims each were practiced in a short time; in the fourth case, five and a half drachms of laudanum were administered in four hours, without inducing any symptoms of narcotism.

Digitals was administered, in connection with other stimulants, in two cases. One died; the one which recovered, and which had taken an ounce of Fleming's tincture, was given three hypodermic injections of twenty minims each within an hour.

Amyl nitrite was used in one case with immediate relief to the spasms, the pulse became stronger, and the deathly pallor of the face disappeared. This substance, as I have already pointed out, is a powerful cardiac stimulant, and promises such good results in this form of poisoning as to deserve a fair and extended trial.

Tincture of nux vomica was used in one case in three-drop doses every twenty minutes, and, with marked benefit to the heart and respiration. Strychnine has also been employed.—*Med. and Surg. Rep., Dec. 10.*

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### CARBOLIC-ACID POISONING.

Dr. EDWARD T. REICHERT, as the first of a series of contributions to the study of the toxicology of cardiac depressments, in the *Amer. Jour. of the Med. Sciences*, considers the physiological effects of carbolic acid, and gives a summary of fifty-six cases of poisoning compiled from various sources. The analysis of this set of cases is of considerable interest, and establishes several points of importance. Beside the local symptoms of pain in the mouth, esophagus, and stomach, and frothing at the mouth or nose, there are, in cases of acute poisoning by carbolic acid, insensibility, difficult or impossible deglutition, a cold and clammy skin, stertorous respiration, a small, frequent, and intermittent pulse, contracted pupils, anesthesia, and a brownish, blackish, or greenish urine, as the most constant and characteristic symptoms. The nervous system is profoundly affected; convulsions appear almost constantly in the lower animals, less often in man; when they occur they are clonic rather than tonic, and are centric in their origin, probably spinal and confined to the motor columns. Upon the circulation the effects have not heretofore been thoroughly studied. "In man the heart generally presents strong evidence of the result of a decided and direct poison," for "the frequent, feeble, and intermittent pulse so frequently noticed in man is strong evidence of a decided depressant action upon the heart; as is also the slow and feeble pulse, which at times has been noted." The local action upon the alimentary canal is that of a corrosive irritant poison, and causes a white eschar, the skin and mucous membrane becoming cornified.



The smallest dose which proved fatal was one dram, in a man of sixty-four years; yet two children who had each taken the same quantity recovered. Death sometimes occurs apparently from shock when a large dose has been taken, usually it results from cardiac paralysis or asphyxia.

In the treatment, demulcents, oil, milk, and eggs with the administration of alkalies, especially saccharated lime, or the alkaline sulphates constitute the most reliable agents to be used. The hypodermic injection of apomorphia may be resorted to in order to empty the stomach.—*Louv. Med. News.*

### PHOSPHORUS POISONING.—SPIRITS OF TURPENTINE.

ROMMALACRE, with whom Personne and Mareon agree, says:—"Speaking generally, fifteen to thirty centigrammes (two to four grains) of phosphorus introduced into the stomach will prove fatal. Spirits of turpentine suspended in a mucilaginous drink by means of the yolk of an egg or administered in a bolus, does not act as an antidote in dogs. It is by far preferable to give it without the vehicle in ten drop doses, repeated every half hour for two or three hours, then stopping for an interval, according to the state of the subject. We must forbid the use of alcohol during the use of the turpentine. It is also necessary to forbid mucilages and mucilaginous drinks; give water as a drink."

Animal charcoal is worthy of special mention in phosphorus poisoning, in the form of pills. Eulenberg and Kohl have proposed it as a means of destroying the pernicious effects of vapors of phosphorus in the manufacture of friction-matches.—*Rev. Méd. Fr. et Etr.*—*Va. Med. Monthly.*

### LEAD POISONING PREVENTIVE.

Dr. W. A. JOHNSTON recommends the following as a mixture to be used freely by workmen exposed to lead poisoning:

Sulphate of magnesia, 10 to 30 grains; dilute sulphuric acid,  $\frac{1}{2}$  to 2 minims; spirit of nitrous ether, 1 to 4 minims; water,  $\frac{1}{2}$  ounce. Mix. To be taken every two or three hours while working. In the lead smelting works where he practises, he says: Before the mixture was used, there were from one to twenty cases of lead poisoning daily, but subsequently no case occurred for the six weeks during which he provided the medicine.—*Druggists' Cir.*, Dec.

## DISEASES OF THE NERVOUS SYSTEM.

### APHASIA.

CHAS. H. S. DAVIS, M. D., Meriden, Conn., contributes the following:—

Only within the last century has the great bulk of our present knowledge in regard to the structure and functions of the brain taken shape and been freed from the errors and speculations of earlier anatomists.

One of the most interesting studies in relation to diseases of the brain is the question of localization of cerebral functions, to which so much attention has been given of late, both by physiologists and pathologists. The study of the various defects of speech produced by cerebral diseases is of great interest and importance in many ways, and no study is more interesting than the investigation of disturbances of the normal relations existing between the powers of perception, speaking, writing, etc., and limited lesions of different portions of the brain. It is only within a comparatively recent period that the special pathological significance of the loss of language has been demonstrated.

In 1861 M. Broca announced his conclusion that the seat of the faculty of articulate language was in the second, and especially in the third frontal convolution of the left anterior lobe of the brain, and a new interest was awakened in the study of aphasia. Broca used the word *aphemia* to denote the condition of patients thus affected. M. Trousseau called it *aphasia*. By *aphasia* is, therefore, understood a condition produced by an affection of the brain by which the idea of language, or its expression, is impaired. The part of the brain designated as the seat of the organ of articulate language is nourished by the left-middle cerebral artery.

An obstruction of this artery would, of course, interfere with the perfect action of that region, and thus aberrations of speech would be produced. Congestion, hemorrhage and tumors of the brain will produce aphasia; but Dr. Hughlings Jackson has showed the anatomical nature of the lesion which most frequently causes this disease, viz., plugging of the middle cerebral artery on the left side by an embolus derived from valvular disease of the heart. Hammond says (*Diseases of the Nervous System*, p. 217) the gray matter of the lobes presides over the ideas of language, and hence over the memory of words. When it only is involved, there is no hemiplegia, and there is no difficulty of articulation. If, on the other hand, the corpus striatum, which contains the white or fibrous tissue coming from the anterior column of the spinal cord, and is besides connected with the hemisphere, or any other part of the motor tract is involved, we have the accompaniment of paralysis on the opposite side.

In the cases in which the power of coördinating the muscles of speech is lost, we have, without exception, hemiplegia or the ataxic form, indicating the motor tract as the seat of the lesion. In regard to the well-known hypothesis of Broca and Moxon, it is important to inquire as to right and left handedness in all cases of affection of speech, since, as we have seen, in the vast majority of cases, affection of speech go with right hemiplegia, and left hemiplegia is rarely so complicated. A fact of far greater significance is that disease in but one lateral half of the brain, be it right or left, can destroy speech. There is reason to believe that the organ of language is situated in both hemispheres, and in that part which is nourished by the middle cerebral artery, but there is strong evidence to show that the left side of the brain is more intimately connected with the faculty of speech than the right. Dr. Seguin says (*Ranney, Applied Anatomy of the Nervous System*, p. 86), when the faculty of speech is affected to any extent, or the symptoms of amnesic aphasia exist, it is safe to conclude that the lesion involves one of three situations, viz., the anterior convolutions of the island of Reil, the base of the third frontal convolution, or the white substance lying between the third frontal convolution and the base of the cerebrum.—*New England Med. Mo., Jan.*

#### INTRA-CRANIAL TUMOURS.

Dr. BERNHARDT has collected 57 cases of tumour of the cerebral superficies, and it is noteworthy that in as many as 45 cases the tumour was in the frontoparietal region; twice only was it in the occipital region, and in no instance in the temporo-sphenoidal region. Motor symptoms were present in all but ten cases. The author points out a peculiarity in the mode of onset of the hemiplegia in these cases. The whole side is not paralysed at once, but first, perhaps, the arm, then the face, and then the leg. The hemiplegia is made up as it were of a succession of attacks of monoplegi, and is generally preceded or followed by localized epileptiform convulsions. The occurrence of a hemiplegia with these characters gives us good ground for supposing that the tumour is in the motor area of the cerebrum, or immediately adjoining it. Bernhardt has met with only three cases in which there was tumour of the motor area without motor symptoms. There seems to be no diagnostic sign by which we can distinguish between superficial tumours of the motor region, and tumours of the cerebral medulla implicating the same region; and, even if tumour of the motor region be diagnosed, we are unable to say how far it

spreads anteriorly or posteriorly into non-motor areas, for tumours of these parts are often latent as regards symptoms.

In cases of tumour of the cerebral lobes, ataxy and disturbance of the muscular sense point to the parietal lobe as the seat of the tumour. Hemianopsia and subjective optical phenomena appear sooner perhaps in tumour of the occipital lobe than elsewhere. Disturbances of vision unaccompanied by paralysis of the ocular muscles are very suggestive of tumour of the cerebral lobes; still the presence of solitary symptoms of paralysis, ptosis for example, does not absolutely forbid this diagnosis. Another important symptom in these cases is mental derangement, which shows itself generally as loss of intelligence and obtuseness. Speech is also frequently affected.

The most trustworthy indication of tumour of the corpus striatum or optic thalamus is the appearance of involuntary muscular movements (half like tremors, half like the movements of chorea) in limbs that become paretic, or are already so, and which often present symptoms of diminished sensibility. The movements are very commonly confined to one side. In tumours of the corpora quadrigemina and pineal gland, there is no symptom of pathognomonic value; but if there be paralysis of the trochlear nerve and bilateral paresis of corresponding branches of the oculo-motor nerves, with unimpaired sensibility and absence of unilateral paralytic or convulsive attacks, there is every likelihood that the tumour is situated in this part of the brain. The symptoms that are most to be relied on in the diagnosis of tumour of the cerebellum are occipital headache, a reeling gait, and a peculiar vertigo. The vertigo is independent of paralysis of the ocular muscles, and may be felt even when the patient is at rest. Sudden death is frequently observed in these cases, and is probably due to pressure on the adjoining respiratory centre.—*London Med. Record.*—*Can. Jour. Med. Sc., Jan.*

#### RELATION BETWEEN OPHTHALMOSCOPIC CONDITIONS AND INTRA-CRANIAL DISEASE.

Dr. BOUCHUT, Paris, at International Med. Congress, London:—

The author holds that all the important diseases of the brain and cord, as well as the serious diathetic diseases, may be recognized by ophthalmoscopic examination, and he applies the term *cerebroscopy* to this use of the method.

Thus congestion and swelling of the optic nerve indicate congestion of brain, meningitis, compression of brain, or commencing spinal disease. Edema of disk and neighboring retina shows edema of meninges and obstruction to circulation in the sinuses and meningeal veins, in tubercular meningitis, in acute and chronic hydrocephalus, in cerebral hemorrhage, in certain cerebral tumours accompanied by encephalitis, etc. Complete anemia of the nerve and retina shows arrest of cardiac and cerebral circulation. Death is thus easily diagnosticated by the ophthalmoscope. Retinal varices and thromboses indicate thrombosis of the sinuses and meningeal veins. Miliary aneurisms of the retinal arteries show miliary aneurisms of the brain.

In fevers and diseases of the nervous system retinal hemorrhages indicate either compression of the brain by a copious effusion, the hemorrhagic diathesis, cardiac obstruction to the cerebral circulation, or changes in the cerebral and retinal vessels caused by chronic albuminuria, glycosuria, syphilis, and leucemia. Miliary tubercles of the retina and choroid show tuberculosis of the brain or meninges. Lastly, in nervous diseases atrophy of the disk or sclerosis of the optic nerve always indicate a disseminated sclerosis of the brain or of the anterior columns of the cord.—*Amer. Prac., Jan.*

#### ELECTRICITY IN INSANITY.

From paper read by by A. M. ROXBURGH, M. D., Surgeon to the Toronto Eye and Ear Dispensary, before the Toronto Medical Society, Dec. 1st, 1881.

The first systematic use of electricity in the treatment of mental diseases, according to Althaus, was made in France in 1845. Teilleux and Auzouy found that although it was no specific, it nevertheless did good in well selected

cases. Remack and Benedict report favorably of its use, and Dr. Arndt of Griefswald, who has given special attention to the subject, asserts that electricity is an invaluable remedy, of equal importance with quinine, iron and baths, and of far more importance than narcotics, in the treatment of insanity. In 1873, Drs. Williams and Newth of the Sussex Lunatic Asylum, and Dr. Bryce of the Alabama Lunatic Asylum, reported favorably of the use of electricity in mental diseases. Dr. Bartholow states that the treatment of psychical disorders by electricity has been productive of some very striking results: and Drs. Beard and Rockwell predict that an important future is in store for the scientific and faithful use of electricity in our public and private asylums.

Up to the present time, the best results seems to have been obtained in those forms of insanity associated with or dependent upon debility and nervous exhaustion. Arndt recommends "peripheral faridization" (general faradization?), and Bartholow,—a modification of galvanization. Beard and Rockwell recommend central galvanization as the best means of influencing the central nervous system, and in cases associated with bodily depression, they would alternate central galvanization with general faradization. They make the first tentative applications very cautiously, and the strength of the application and the time of sitting gradually increased, as the patient is able to bear the treatment.

Dr. Clifford Albutt of the West Riding Lunatic Asylum, Leeds, uses galvanism in acute primary dementia, in mania, and in atonic melancholia. He states that in mania and in atonic melancholia, distinct improvement takes place, and that in acute primary dementia the improvemet is marked.—*Canada Lancet, Jan.*

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### CRETINOID ŒDEMA OR MYXŒDEMA.

The *Gazette des Hôpitaux* (September 24, 1881) attributes priority in the discovery of the so called myxœdema to Dr. Morvan, of Lanniles. He is said to have reported fifteen undoubted cases of this disease in 1875, before the publication of any cases by Charcot or by English writers. His cases were characterized by anasarca, particularly well marked about the face, the legs, and the wrists, and by general paresis without muscular atrophy or impairment of the mental powers. Although the muscular paresis was marked, it did not incapacitate the patients from walking. The movements of all the limbs were well co-ordinated, but very deliberate; cold seemed to notably aggravate the disease. The speech was slow and hesitating, the tongue was moved with difficulty, the voice was hoarse, the fingers lost their flexibility; the extensors were more deeply involved than the flexors. The slightest exertion caused great fatigue. Paresis of the muscles of the tongue and larynx, coupled with the œdema, serve to explain the symptoms referable to these organs. The paresis involved the organs of vegetative life in certain cases. Thus, the cardiac action was sometimes retarded, and the frequency of the respiratory movements diminished. Sensation was unimpaired in all the cases, and hyperæsthesia was even observed in some of them. Amblyopia, delirium, hallucinations, and vertigo were occasionally present, but the general health was excellent, the appetite and digestion good, and the urine normal. Women were almost exclusively attacked. The type of the disease was milder than that of the cases observed by Charcot and in England, presenting neither the cretinoid cachexia nor the œdema of the mouth, larynx, digestive organs, and urinary tract, described by Charcot, Gull, and Ord. M. Morvan regards cold as the chief exciting cause, and menstruation, repeated pregnancies, and prolonged lactation as the predisposing causes of the disease. Middle-aged women are most frequently affected. No cases are cured, but in none is the disease directly mortal. No efficacious remedies are known.—*Med. Record, Dec. 24.*

### EXCITING CAUSE OF ATTACKS OF HYSTERIA AND HYSTERO-EPILEPSY.

GRAILY HEWITT, M. D., F. R. C. P., Int. Med. Cong. :—The object of the paper is to demonstrate by the results of clinical observation that in cases of hysteria and so-called hystero-epilepsy the exciting cause of the attacks is distortion of the uterus produced by flexion of the uterus upon itself, either forward or backward.

The attacks are the result of reflex irritation, the irritation consisting in the physical compression and tension of the tissues of the uterus consequent on the forcible bending of the body of the uterus on the cervix. This bending has the effect of producing compression of the uterine tissues at and near the angle of flexion, and by its interference with the circulation in the uterine tissues it has the further effect of producing a continuous congestion of the body of the uterus.

The evidence offered by the author in support of the above explanation is the recital of eighteen cases observed by him during a period of ten years. Marked distortion of the uterus was present in all the cases. Complete relief of Hysteria followed rectification of the uterine distortion.—*Amer. Pract., Dec.*

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### HYSTERIA.

When called to treat a young girl with a hysterical attack, there are three things which you had better do: (1) Institute at once a firm pressure in the neighborhood of both ovaries. This is very apt to quiet the patient at once. (2) Administer an emetic. I have found that a woman who is well under the action of an emetic has not the opportunity to do anything else than be thoroughly nauseated. Give a full dose of ipecac with one grain of tartar emetic. (3) And this method of controlling the spasm will often act charmingly, take a good-sized lump of ice and press it right down on the nape of the neck. This produces quiet by its powerful impression upon the whole nervous system.—*Dr. Wm. Goodell, Clinical News.*

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### LUMBO-ABDOMINAL NEURALGIA.

Dr. CHERON (*Revue de Maladies des Femmes*), reports the following indications for the treatment of lumbo-abdominal and lumbo-sacral neuralgia in the female: First determine if the affection be connected with the utero-ovarian apparatus functionally or diathetically. In the former case, treatment of the uterine disease and external spinal treatment will cure the neuralgia, but if it be of diathetic or constitutional origin, constitutional treatment will be required in addition. In chlorotics, iron and manganese will be of course indicated. In arthritic cases, Dr. Cheron has found potassium iodide, essence of turpentine and quinine, of great service.—*Chicago Med. Rev., Dec. 20.*

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### NITRATE OF SILVER IN SCIATICA.

Dr. GRESLON claims (*La France Médicale*, September 29, 1881,) the radical cure of an obstinate case of sciatica, by hypodermic injections of nitrate of silver. The patient, a lady aged fifty-three, of a lithic and rheumatic diathesis, had recently suffered from several attacks of acute articular rheumatism. Her metacarpo-phalangeal articulations presented the characteristic appearances of arthritis deformans. In March, 1878, the patient was attacked by left sciatica. The severest pain was experienced in the calf and at the sacro-sciatic foramen. After treating the case for twelve days with sinapisms, vesicatories, and anodynes, Dr. Greslon injected five drops of a

twenty-five per cent. solution of nitrate of silver into the deeper tissues at the most painful part of the calf. The injection was attended by violent pain, and followed by an abscess, which was opened at the end of a week. A few days later the neuralgic pains had completely ceased in the leg. Eight drops were then injected over the sacro-sciatic foramen. No abscess resulted but an inflammatory exudation occurred, and discharged, six days after puncture, some sero-sanguinolent matter. A week later all pain had disappeared from the limb. The patient has had no relapse of the sciatica, although three years have elapsed since the last attack.—*Chicago Med. Rev.*, Jan. 1.

### SALICINE IN SCIATICA.

Dr. MANSON, of Texas, writes to the *American Bi-Weekly* that he has used salicine successfully in an obstinate case of sciatica of two years standing with success. He gave 30 grains every two hours. After taking it for two weeks in this dose, at which time he had taken over 4 ounces, the pain had disappeared, the patient slept soundly, had good appetite, was gaining in flesh and shedding the skin from the outside of his hands. Quite a number of remedies by the advice of good consulting physicians had, previous to the adoption of this treatment, been tried without success.

In cases of sciatica, and other obstinate forms of neuralgia which had resisted treatment, it might be tried, but perhaps not so frequently as is here given.—*Pittsburgh Med. Jour.*, Jan.

### TUBERCULAR MENINGITIS—IODOFORM.

Iodoform is very highly praised by Dr. Coesfeld, (*Deutsche Medicinische Wochenschrift*, No. 37, 1881). The strongest claim made for it is its success in tubercular meningitis. Of seven well pronounced cases of this disease, two, children, were definitely cured. The iodoform was used externally, mixed with collodion, in twenty per cent. solution, with the addition of some aromatic to disguise the odor. This was applied three times a day to the forehead, temples and nape of the neck, the previous layer being removed once a day by acetic ether. When applied to large surfaces, the collodion acts as a decided antipyretic, as may be readily shown by thermometric measurement.—*Chicago Med. Rev.*, Dec. 20.

### OSSEOUS LESIONS IN HEMIPLEGIA.

M. DEBOVE has made a few observations, before the Société Médicale des Hôpitaux, on the osseous lesions met with in hemiplegic subjects. As surgeon of the Bicêtre Hospital, he had observed several fractures in paralytic subjects, and he noticed, at the same time, that the fracture was always on the side of the hemiplegia. There was reason to believe that the bones on the affected side had undergone some alteration which rendered them more friable. At the autopsy of a hemiplegic who had fractured the humerus, M. Debove was able to observe that not only had the fractured bone undergone this change, but all the bones of that side were affected. In comparing the two sides, he found that the humerus of the paralyzed side was lighter than that of the other, the medullary canal was larger, and the substance of the shaft less compact. The Haversian canals were much dilated, and the bone was porous. There was evidence of fatty degeneration. These lesions were sufficient to explain the relative frequency of fractures in hemiplegics. M. Debove observed, however, that these fractures united very rapidly.—*Med. Press and Cir.—Med. Record*, Dec. 31.

## ASTHMA.

The subcutaneous injection of full doses of morphia, preferably over the thoracic region, is regarded, and justly so, as the best means for immediate relief of a paroxysm. Chloral Hydrate is recommended in the *Canada Lancet*. The treatment is commenced with decided doses and the quantity gradually lessened to 5 gr. ter. die., one of the reported cases was relieved and soon cured. Coca has been administered by a writer to *M. and Surg. Rep.* with benefit. Querbracho, one of the new remedies has been tried for the Dyspnoea by Dr. A. H. Smith. Of eleven cases nine were noticeably relieved; in two, complicated by bronchitis, it gave no relief.—*Kansas Med. Index, Dec.*

## NEURALGIA—SUCTION.

Lumbago is treated by Dr. Reynolds, of Baltimore, (*Md. Med. J.*) by suction as follows: The Uterine Pump, a Cupping Pump, or a hand rubber tube with a tight fitting piston and a screw attachment, is placed over the seat of pain, piston depressed, which is then gradually withdrawn and kept so by means of the set screw from two to five minutes or until pain is relieved.—*Kansas Med. Index, Dec.*

## MUTTERING DELIRIUM.

R. Tr. quiniæ,  $\frac{3}{i}$ ; glycerini, 36; spts. ammon. aromat., spts. ætheris, ss 38; ext. opii liq., min. 30; infus. aurantii ad.,  $\frac{3}{8}$ . M. Sig.—One-sixth part every six hours.—*Med. Gazette.*

## HYPNOTIC DRAUGHT.

R. Chloral hydrat, gr. 20–60; syrupi tolutan, vel aurantii, 3 i; aquæ menth. piperit, ad.  $\frac{3}{j}$ . Or, R. Chloroformi, min. 6–10; ext. opii liq., min. 15–30; tinct. belladonnæ, min. 10–20; syr. rhæados,  $\frac{3}{i}$ ; mucilag. tragacanth,  $\frac{3}{j}$ . M. Sig. For a night draught in severe colic and other spasmodic disorders.—*Med. Gaz., Dec. 17.*

## WHOOPIING-COUGH.—CARBOLIC ACID.

Dr. MACDONALD (*Edinburgh Med. Jour.*, 1881, p. 1094) says that on extended trial he finds carbolic acid, in doses of one-fourth of a minim to a child of six months, one-half minim for a year, and one minim for two years and upward, to be the best remedy for whooping-cough. The whoop goes; the vomiting ceases; the paroxysms are modified in intensity and frequency. This result Dr. Macdonald believes to arise from an action similar to that of creasote on the motor fibres of the vagus to the stomach, and from a lowering of vitality of the specific germ of whooping-cough disease. This points to the antiseptic treatment of the zymotic diseases generally.—*Can. Jour. Med. So., Jan.*

## BENZOATE OF SODA IN WHOOPING-COUGH.

Dr. TORDEUS, of Brussels, has prescribed benzoate of soda in a number of cases of whooping-cough, with very good results. He gives four grains of the salt every hour to a child of two or three years.—*Med. Times, Jan. 14.*

### BENZOLE VAPOR IN WHOOPING-COUGH.

A writer in the *Lancet* recommends, in whooping-cough, benzole vapor, as prepared by a Lister spray apparatus or similar vaporizer. He has tried it with gratifying success.—*Med. and Surg. Rep.*, Dec. 24.

### PERTUSSIS AND LARYNGISMUS STRIDULUS.

R. Spts. ammon. aromat., gtt. xl; spts. ætheris, 3 ss; tr. belladonnæ, gtt. xl; acidi hydrocyanici dil., gtt. jv; syrupi, 3 ss; aquæ, q. s. ad. 3 jv. M. Sig. For a child 3 or 4 years of age, a dessertspoonful every 4 or 6 hours.—*Mich. Med. News*.

### HEADACHE.

In severe nervous headache one grain of creosote taken in a cup of clear, strong coffee, is often speedily effectual.

In sick headache, heart burn and acid stomach, about forty drops of aromatic spirits of ammonia, taken in a wine glass of water, will frequently afford quick relief.

Persons who do a great deal of brain work are often the subjects of fierce headaches, due to hyperæmia of the nerve substance within the cranium. Tincture of pulsatilla in drop doses every two or four hours in a tablespoonful of water has been found of great service in such cases.

Oxalate of cerium, about three grains, taken dry on the tongue, sometimes acts like magic in relieving sick headache. The dose may be repeated as often as necessary.—*Amer. Med. Jour.*, Feb.

### NEURALGIC HEADACHE WITH CONSTIPATION.

R. Quinise disulph., gr. xij; acid. sulph. dil., 3 ss; tinct. ferri perchlor., 3 ij; spt. chloroformi, 3 ij; magnes. sulph., 3 jss; syr. zingiberis, 3 j; aquæ, ad. 3 xij. M. Sig. Two tablespoonfuls three times a day.—*Can. Med. and Surg. Jour.*, Jan.

### UREMIC HEADACHE WITH DEFICIENT RENAL ACTION.

R. Potass. citrat, ʒj; infus. digitalis, infus. buchu, ss 3 ss. M. Sig. This amount three times a day.—*Chicago M. J. and Exam.*, Jan.

### HICCOUGH.

Dr. A. W. Foot (*British Medical Journal*, December 17th, 1881) reports a case of hiccough which continued, except during slumber, for twenty weeks. The patient had had two similar attacks. Among other means of treatment, the skin, over the epigastrium, along the course of the phrenic nerves, and over the upper cervical vertebrae was frozen, with slight temporary improvement. The patient recovered under the use of iodoform, extract of cannabis Indica and extract of conium. The rate of hiccough varied between eight and forty-two per minute, and averaged about fourteen per minute.—*Chicago Med. Rev.*, Jan. 15.

### SEA-SICKNESS.

Bromide of sodium taken for several days prior to embarkation is the latest remedy for sea-sickness.—*Canada Lancet*, Jan.



## DISEASES OF THE ORGANS OF RESPIRATION.

## TUBERCULOSIS.—COUNTER-IRRITATION.

This therapeutical measure, Prof. ~~PETER~~ (*Le Concours Med.*) thinks is not sufficiently relied upon, and he gives a series of directions upon the subject: If the patient is still in fairly good health he may be cupped, or leeches may even be applied to the thorax over the points where signs of pulmonary congestion are perceptible. In those cases in which the patient is weak dry cupping, mustard plasters, or flying blisters may be prescribed, while the apices are painted with tincture of iodine. Croton oil, thapsia, antimoniated plasters, and Burgundy pitch should always be avoided, as they leave indelible stains. If the lesions are more deeply seated an oval blister should be made by Vienna caustic applied over the second or third intercostal space, one or two centimeters from the free edge of the sternum. When the patient does not object to its use a second may be applied before the previous one has healed, in order to keep up the counter-irritation. Lastly, a useful form of cauterization is that obtained by the use of a triangle of red-hot needles applied very superficially. This application should be repeated every five days beneath one or other clavicle, the needles numbering twenty to thirty.—*Louv. Med. News*, Dec. 31.

## PULMONARY TUBERCULOSIS.

The following is the formula for Lippert's pill in the above named affection:

R. Creasoti, ex. belladon., aa  $\frac{1}{2}$  grain; ex. opii,  $\frac{1}{2}$  grain; ex. rhei,  $\frac{1}{2}$  grain.  
M. Ft. pil., No. 1. Sig. One pill three times a day.—*Ohio Med. Journal*.

## CAUTION TO PULMONARY GYMNASTS.

Dr. D. F. POWELL, of La Crosse, Wis., sends us the following useful hints. He writes:

"Ten years ago my chest measurement during full forced inspiration was thirty-seven inches. By systematically inhaling and distending the air-cells as recommended by Niemeyer (and Smith, in *Medical Record* of October 29, 1881), I have increased chest measurement to forty-four inches, and have wonderfully developed the pectoral and intercostal muscles. I write this to warn those who may adopt pulmonary gymnastics, against inspiring air at too low a temperature, as I have on several occasions suffered from acute bronchitis, brought on by the forced inhalation of 'raw' cold air. I find that deep inspirations of pure air, at a temperature of from 60° to 80°, are of marked benefit in nearly all incipient lung diseases. I also freely use air medicated with carbolic acid, tar, iodine, bromine, nitrate of potash, etc., as indicated, and believe that no other treatment equals it as a remedial agent."—*Med. Record*, Dec. 31.

## PULMONARY DISEASES.—IODOFORM.

Prof. CIARAMELLI has found iodoform efficacious in broncho-pulmonary affections, chronic bronchitis with bronchorrhœa, in pulmonary emphysema and in the tuberculosis of infants. He uses the following formula:

R. Iodoformi, gr. iss; lycopodii pulv, gr. vij; ext. seminis fœniculi, gr. xv.  
M. Make ten pills. S. One every three to five hours for an adult.—*Revista Ital. di Terop*, etc.—*Va. Med. Mo*.

## CHOREA OF THE LARYNX.

Under this name, Prof. VOLTOLINI describes a curious case in a 12 year old girl (*Schmidt's Jahrbuch*, No., 1881).

She suffered from an obstinate cough all winter, and suddenly, in the spring, was seized with an inability to cough and violent strangling whenever she attempted it. She gasped, became blue, and seemed on the point of asphyxia.

Having been treated in vain by the local physician, she was taken to Voltolini, who found the larynx entirely normal, and during the examination the child coughed naturally. Deciding that it was a case of disordered innervation, she was treated with bromide of potash and faradization, and gradually improved.—*Med. and Surg. Rep.*

## HÆMOPTYSIS.

Dr. BROWN says: Of drugs, ergot seems to be the most powerful in checking hæmoptysis. The extractum ergotæ fluid may be given in doses of a teaspoonful every fifteen minutes, until the hemorrhage is stopped, and then continued in smaller doses, or it may be given by hypodermic injection, in doses of 15 drops, or ergotine may be used. If the stomach is irritable, ergotine may be given, per rectum. Sometimes ergot will have no appreciable effect. Under such circumstances I think that gallic acid is the next best remedy. I frequently combine it with aromatic sulphuric acid, which makes a more efficient and pleasant mixture:

R. Acidi gallici, 2 drachms; acidi sulphurici aromat, 1 drachm; glycerinæ, 1 ounce; aquæ, q. s. ut. ft., 6 ounces. M. Sig. A tablespoonful, as required.

This is to be given every hour, every half-hour, or at shorter intervals, until the hemorrhage is brought under control. This, I think, ranks next to ergot, and, where the stomach refuses ergot, or where ergot produces no effect, I usually resort to this combination.—*Med. Brief, Dec.*

## OZÆNA.

Ozæna, according to Dr. MAX SCHÆFFER (*Monats fur Ohren*, No. 4, 1881), is nearly always the result of scrofula or of syphilis. It may be due, however, though rarely, to a primary affection of the bones or cartilage. He distinguishes two stages of the affection, a hypertrophic and an atrophic. In the former the secretion is abundant, thick and creamy, and forms thick crusts, especially in the naso-pharynx. The crusts, when detached, give rise to hæmorrhages, and leave behind them erosions, which are apt to run on to superficial or deep ulceration. The mucous membrane is livid, thickened, and pits on pressure. In the atrophic stage the secretion is less abundant, more fluid and viscid, and forms fine crusts, its capacity being due to the admixture of epithelium. The mucous membrane is pale, thin, and very adherent to the bones, and undergoes fibroid degeneration, whilst the glands are destroyed. The spongy bones are atrophied, and the meatus on each side is considerably enlarged. When due to hereditary syphilis, the ozæna is frequently developed during the first weeks of life, the hypertrophic stage lasting in these cases eight to ten years. The duration is the same when scrofula is the cause. In acquired syphilis the stage is shorter, lasting from six months to a year. Here the affection does not begin in the mucous membrane, but in the periosteum and cartilage of the bone. The author recommends injections of chlorate of potash to be used twice a day, and in the intervals he introduces, in the atrophic stages, plugs of cotton-wool. He condemns the use of carbolic acid, and says that in cases cured by its use smell is permanently lost. Constitutionally, he makes use of the usual remedies.—*Lon. Med. Rec.—Med. Gaz.*, Jan. 21.

## OZÆNA.

In several cases of chronic inflammation of the nasal and pharyngeal cavities, giving rise to offensive discharge, Dr. Poore has found decided benefit result from the use of a stimulant and antiseptic snuff having the following formula: biborate of soda, nitrate of bismuth, of each one drachm; disulphate of quinine, ten grains; iodoform, five grains. This snuff has the effect of stopping the fetor and greatly diminishing the amount of discharge from the nostrils. It is liable, as are all snuffs when used for similar conditions, to cake in the nostrils, and it is therefore necessary to thoroughly wash out the nostrils once a day. This may be done by means of a nasal douche, or the patient may easily be taught to snuff a lotion up the nose and allow it to run out of the mouth. A teaspoonful of glycerole of borax dissolved in a wineglass of tepid water forms an excellent wash for the nose, and with a little instruction patients learn how to wash out their nasal and pharyngeal cavities without the aid either of syringe or douche apparatus. In cases where the ozæna is of a simple kind, not due to caries or necrosis of bone, but rather to a sluggish, inflammatory action occurring in a scrofulous subject, considerable benefit is often derived from the administration of the sulphide of calcium in doses of half a grain (in pill), taken three times a day. It is often necessary to cleanse the nasal and pharyngeal cavities with a brush inserted through the anterior nares, and also behind the soft palate, so as to reach the summit of the pharynx. The brush may be moistened with glycerole of tannin, and after the cavities have been cleansed a little dry iodoform may be passed into the cavities on the tip of the brush.—*London Lancet*.—*Indep't Pract.*

## OZÆNA.

GEO. N. MONETTE, M. D., New Orleans, writes:—Ozæna is not considered a constitutional disease, *per se*, hence, is susceptible of local treatment. I would suggest the following compound as a nasal douche, through to posterior nares, where is the usual location of the affection, viz:

B. Acidi. carbol. (cryst.) 13; tinct. iodini. co., 23; aquæ, q. s., ad. 1 pt. M. Sig.—Use locally.

Also, as a local detergent, a solution of permanganate of potash is an admirable remedial agent.—*Med. Brief, Dec.*

## CHRONIC CATARRH OF THE NASAL FOSSÆ AND PHARYNX.

Dr. BREGEN (*Annales des Maladies du Larynx, etc.*), enumerates the causes of the above affection as frequent colds, enlarged tonsils, elongated uvula, abuse of tobacco, snuff, and the vitiated atmosphere of warm rooms. Syphilis, he says, is not a cause, as it only affects the nose when it is previously the seat of catarrh. Among the symptoms, he insists on the importance of bleeding and redness of the nose as certain signs of commencing rhinitis. His treatment consists in the insufflation of powdered nitrate of silver and starch (from 0.5 to 10 per cent.), and in obstinate cases he applies the galvano-cautery. He seldom resorts to injections, except in cases attended with much fetor, and condemns the use of the plug recommended by Gottstein. To facilitate the inspection of the posterior nares he inserts the index finger of the left hand—preferring it to the hook of Voltolini—to draw the palate forward. To overcome the hyperæsthesia of the palate, fauces, etc., frequently present, Dr. Bregen paints the parts with iodide of glycerine (iodide 0.5—0.1, iodide of potassium 2.5—5, glycerine 25) and affirms that in three applications a sufficient degree of insensibility is obtained. During these applications the patient is forbidden the use of tobacco, alcoholic drinks, and strongly spiced food.—*London Med. Rec.*—*Med. Gaz.*, Jan 21.

## CATARRH.—OIL OF ERGOT.

Dr. SHOEMAKER, Phila., says:—In catarrh of the nasal passages, I have saturated a piece of cotton with the oil of ergot, and applied it by means of a probang, with the most beneficial results.—*Med. Herald.*

## INFLAMMATION OF THE HAIR FOLLICLES OF THE NOSE.

The St. Louis *Courier of Med.*, says: Dr. Hardaway called the attention of the St. Louis Medico-Chirurgical Society to the inflammation of the follicles of the small hairs in the nose. They give intense pain, and there is much inflammation externally as well as within, and very frequently, after the inflammation of the hair follicles subsides, it is followed by *exfoliation* of the outer portion of the skin of the nose; in other words, the patient has a very red nose. Externally, it is generally limited to one or the other side; there is a great deal of sharp, very acute, intense pain. The cases generally continue for weeks, very frequently last several weeks, and when it subsides, there is considerable epidermic shedding—desquamation—showing the violence of the inflammation. They are cases that try the patience of the doctor and the patient both. Within the last year he has been using a treatment which has given great satisfaction. He uses Squibb's glycerole of the subacetate of lead and glycerine, one part of the first to seven of the latter. Under this treatment, the trouble disappears rapidly.—*Med. and Surg. Rep.*, Jan. 28.

## CROUP.

In the treatment of laryngismus stridulus (spasmodic croup), Prof. Wallace highly approves of large doses of potassium bromide, given every hour or two; for a child, two years old, he would give six grains every two hours. It may be given in syrup of wild cherry; or in the form of elixir of potassium bromide, which is made by the pharmacists generally.

For a long time, we have placed great reliance in bromide of potassium and hydrate of chloral in the treatment of croup. We use bromide of potassium, in the manner above suggested, in the form of elixir, or with syrup of wild cherry, and where the child is quite restless, and breathes with great difficulty, we add hydrate of chloral to prescription, in the proportion of one, two or three grains to the drachm, according to the age of the child, aiming to give about one grain of chloral with each dose to children, one year old, and an increase of one grain for each year. The dose may be repeated every thirty or sixty minutes, till the child is quiet; then the interval between doses may be extended to an unlimited time, according to the behavior of the patient.—*Amer. Med. Jour.*, Jan.

## LARYNGEAL PHTHISIS.

In laryngeal phthisis, says Dr. Bird (*Australian Medical Journal*), an inhalation, with Siegle's spray, of filtered solution of hydrastin, with glycerine of borax and morphia, gives great temporary relief.—*Med. Record*, Jan. 14.

## DISEASE OF THE BRONCHIAL GLANDS.

Dr. DE CASTRO, writing to the *London Medical Times and Gazette*, December 17, gives three typical cases of disease of the bronchial glands occurring in young and middle-aged persons, and which disease he agrees with Dr. Quain in asserting is frequently over-looked or mistaken for other maladies of the lungs in adult and advanced periods of life. In these cases the most

prominent symptoms were habitual imperfect respiratory power, shown by a certain amount of embarrassment in breathing, especially under stress of exertion; liability to asthmatic attacks; slight cough and expectoration; some pain in the chest; in some cases hæmoptysis; altered voice, and extreme thinness without progressive emaciation. The physical signs were slight dulness anteriorly, somewhat below clavicle on one side or both, requiring strong percussion to develop, with decided dulness posteriorly below scapula corresponding. These cases were at first thought to be tubercular, but were finally diagnosed as a disease of the bronchial glands; and in one case a post-mortem examination confirmed the diagnosis. The history of "bronchial gland disease," when occurring in early life, is almost identical with that of acquired collapse of the lung, or apneumatosiis; but the developed diseases have certain differences. To defective respiratory power and embarrassment of breathing characteristic of apneumatosiis, there are in bronchial gland disease generally superadded indications of intrathoracic centripetal pressure,—viz., alterations in the character of the voice, paroxysmal attacks of difficulty of breathing, hæmoptysis, pain, and the same differences exist as between the malady under consideration and pneumatic and fibroid consolidation of the lungs, excepting always hæmoptysis, which is not infrequent in fibroid disease of the lung (cirrhosis). The chief seat of dulness in apneumatosiis is the mammary region and the base of the lung. In bronchial gland disease the dulness is most marked posteriorly about the margins of the scapulæ; what dulness exists anteriorly generally requires rather strong percussion for its development, and is manifestly derived from the posterior condensed tissues. —*Med. Times, Jan. 28.*

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#### BRONCHIAL AFFECTIONS OF PULMONARY PHTHISIS.— AMMONIACAL INHALATIONS.

M. MELSENS highly recommends (*Bull. de l'Academie Belge, et Paris Med.*, Oct. 22, 1881) the therapeutic employment of ammonia by inhalation in phtthisis. Knowing that ammoniacal emanations may be respired without danger, of which the proof is the perfect health of workmen who dig guano, and also knowing the good effects of the air of cow-houses in pulmonary phtthisis, effects which are generally with justice attributed to the emanations of carbonate of ammonia generated in these stables, M. Melsens conceived the idea that continuous but moderate respiration of this salt might be useful in other affections of the respiratory organs. He decided, after an attack of acute bronchitis, to make the experiment on himself. For that purpose, he wore outside his shirt a bag containing some pieces of carbonate of ammonia; after some time he was absolutely relieved from the affection: improvement set in from the first day. Several invalids who employed the same means obtained great benefit from it, even in cases of long continued chronic bronchitis. Among others, a physician at Brussels, who had suffered for a long time from an obstinate cough, due to chronic bronchitis, with dilatation of the bronchi, complicated with emphysema, asthma, and sometimes to acute laryngitis. He used the bag of carbonate of ammonia, and found himself perfectly cured.—*Lond. Med. Rec.—Med. Gaz., Jan. 28.*

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#### BRONCHITIS.—YERBA SANTA.

Dr. SALOMON (*New Orleans Medical Journal*), claims that yerba santa, has in his hands, proven valuable in bronchorrhœa, in acute bronchitis, in the cough of measles, and as a prophylactic against laryngismus stridulus. Dr. Salomon used the fluid extract of the leaves, in doses of ten minims to one drachm, glycerine being the best vehicle, as water and syrups precipitate the gummy portion of the preparation. He believes that the remedy acts on the mucous membranes of the air passages as an astringent. In chronic bronchitis he has found it necessary, in the majority of cases, to abandon it, and use other remedies.—*Chicago Med. Rev., Jan. 2.*

## BRONCHITIS.—EUCALYPTUS.

Dr. BELL (*Medical Times*), claims very good results from teaspoonful doses of the tincture of eucalyptus, in chronic bronchitis. He usually gives the agent well diluted with water twice a day.—*Chicago Med. Rev.*, Dec. 20.

## CHRONIC BRONCHITIS OF OLD PEOPLE.

R. Ammonia carbonatis, grs. 30; spts. atheris, 33; tr. scilla, 32; tr. camphora co., 32-4; tr. cavandula co., 36; infus. senega, ad., 38. M. Sig. Two tablespoonfuls every four hours.—*Med. Gaz.*, Dec. 8.

## HOARSENESS.

Dr. EICHELBERGER gives the following, which he says is very good for hoarseness:

Tinct. chloride of iron, 3 ij; glycerine, 3 ss; water, 3 ss. Dose, half a teaspoonful *pro re nata*.—*Boston Jour. Chem.*, Jan.

## DISEASES OF THE ORGANS OF CIRCULATION.

## HÆMATINICS.

Read before the Canada Medical Association by JAMES STEWART, M.D., Brucefield, Ont.

Since the discovery of exact methods of estimating the number of corpuscles and the quantity of hæmoglobin, we have made some advance at least in knowing how it is that some drugs, as iron, arsenic, etc., act. We are able to estimate the changes that the blood cells and their coloring matter undergo in disease, and we can tell what our therapeutic agents are doing. Hoppe-Seyler and Preyer have shown that one atom of iron fixes two of oxygen. The following factors have to be considered: 1. The number of red cells contained in a unit of volume. 2. Quantity of hæmoglobin contained in the same unit. 3. Individual value of the corpuscles. 4. The number of white globules. 5. The number of hematoblasts.

Of all the hæmatinics, iron still maintains, as it has always maintained, the pre-eminence as a blood restorer. There are three hypotheses as to its mode of entrance into the blood: 1. Direct entrance of iron into the blood under the form of an inorganic salt and its combination with the albuminous substances of the blood. 2. Combination of the iron and the albuminates in the stomach and intestines before absorption. 3. Absorption, by these two methods combined.

E. Wild has recently shown that iron is absorbed from the stomach and intestines and then thrown out into the intestines. This explains the fact that sometimes as much iron can be found excreted through the fæces as was taken in altogether. According to Hayem (*De la Médication Ferrugineuse*), there are two periods in the regeneration of blood by iron. During the first the iron appears to excite the formation of the globules. Then we have new globules, containing but little hæmoglobin; the globules are more altered than when the treatment commenced. Soon these young globules become physiological, the last being the most important part of the process. When the anæmia is slight, the first phase is very short or sometimes entirely wanting, the iron in this case causing an actual decrease in the number of red cells. Cl. Bernard considered that iron only stimulated the digestive organs and never entered the general circulation at all; but this has been disproved by Hayem, who

administered in two cases for a period of two months the ferro-cyanide of potassium with no effect in curing the anæmia, thus showing that an insoluble iron salt is of no use in increasing the value of the individual red cells. It is the quality of the red cells that is of so much importance. Prof. Donitz of Japan speaks very highly of the albuminate of iron in the treatment of anæmia. He says that it can be tolerated when no other salt of iron can. It can be used hypodermically, and in this way it proved to be of great service in that disease called in India "*beriberi*." In this disease, hydræmia of a severe form is the most prominent pathological condition, especially in the early stages. Prof. Demarquay of Paris has also found this salt of iron to act particularly well in cases where the other forms are not easily retained.

Next to iron, and in some forms of anæmia to be preferred to it, is *Arsenic*. It is the only drug that has been successful in the treatment of severe idiopathic anæmia. The following case recorded by Dr. Broadbent is a good illustration of the value of arsenic in this disease: A woman, aged 42, who had been anemic for four months, was admitted, and on examination she was found to have only 560,000 red cells per cubic millimetre, or 11.2 per cent. After taking 24 minims of arsenic daily for two months, the red cells had increased to 67 per cent. In the remarks appended to the report of the case, it is held "that there can be little doubt that it was a case of essential or pernicious anæmia; the patient had the appearance characteristic of this disease and the sub-febrile temperature, while the red corpuscles were not only reduced in number to an unusual degree, but deformed. Whether this diagnosis be accepted or not, the failure of iron to do good, and the rapid improvement during the administration of arsenic, are remarkable. In little more than two months the patient passed from extreme anæmia to apparently perfect health, with wonderfully good color of the cheeks and mucous membranes, and she continued well and strong for some months after leaving the hospital, up to the time when she ceased to present herself for examination."

Arsenic cured two cases of pernicious anæmia that were under the care of Dr. Finny of Dublin. Whether arsenic acts in malignant lymphoma by virtue of its hæmatinic properties or not, it is a well established fact that it has proved curative in some of these cases. Several cures of this kind are reported by Billroth. Czerny has also cured cases with it. Israel has reported the case of a woman, 65 years of age, who had a malignant lymphomatous formation infiltrating the glands of the neck, sufficient to cause difficulty in swallowing, completely cured by arsenic. The arsenic was used internally and also injected into the swelling.

Lugeois, in France, for ten years has held the opinion that mercury given in small continuous doses causes an increase in the body weight in healthy persons. Keyes says "that mercury in small doses is a tonic to individuals in fair health, not syphilitic. In such individuals it increases the number of red blood corpuscles." Schlesinger has found that rabbits and dogs taking small continuous doses of corrosive sublimate for a year thrive better than animals placed on a similar diet, but not taking the sublimate. The red corpuscles of those taking the mercury are increased more than those not taking it. Their urine showed no change in spite of the increase of the body weight. Schlesinger concludes that mercury does not increase the amount of hæmoglobin or the number of corpuscles, but that it prevents the destruction of the latter. If it increased the hæmoglobin like iron, we should have an increase in the body temperature, in the pulse, and urine solids, but the latter is shown not to be the case.—*Can. Med. and Surg. Jour.*, Dec.

#### IODIDE AND BROMIDE OF POTASSIUM IN HEART DISEASE.

An interesting review of an article on this subject in the *Italian Medical Gazette*, appears in the *Lyon Medical*. The writer of the article (Professor Renzi) has evidently studied with care the actions of three important drugs largely used now-a-days in cases of heart-disease—viz.: bromide of potassium, iodide of potassium, and chloral hydrate; and he has given some important

information regarding them. Bromide of potassium is shown to have such a direct influence on the heart and capillaries, as to entitle it to a high position among the cardio-vascular drugs. According to Dr. Dujardin-Beaumetz, who considers it one of the best heart-tonics we possess, the bromide, besides being a nervine sedative, acts directly on the heart, and lessens considerably any irregular action of that organ. He says that, as a nervine sedative, the drug is useful in counteracting the sleeplessness which so greatly enfeebles and wears out patients suffering from heart-disease, while its value in such cases is greatly enhanced by its direct beneficial action on the diseased organ itself. According to Professor Sée (largely quoted, along with Dujardin-Beaumetz, by the writer of the article), bromide of potassium is especially useful in heart-affections where we have diminished arterial pressure, rapid and irregular action of the heart, passive congestions, œdema, cyanosis, dyspnoea, and sleeplessness.

Iodide of potassium is shown to be very beneficial in dyspnoea arising from heart-disease. It is also of great value in arresting degenerative changes in the heart-tissue. The action of chloral-hydrate on the heart, as observed by Professor Renzi, is at once to diminish the rapidity of its action, and after a time to reduce its energy. The drug seems to act on the heart, by paralyzing either the cardiac ganglia or the vaso-motor centres in the brain. The researches of Claude Bernard, Rokitansky, and others, would indicate that the latter are chiefly affected by the administration of chloral, for they found that it caused great diminution of blood-pressure by dilatation of the capillaries. In summing up his observations on the three drugs referred to, Professor Renzi says of bromide of potassium that it lessens the anxiety of patients suffering from heart disease, gives them a certain sense of comfort, and enables them to breathe freely. Under its influence sleep is more easily obtained, is more tranquil, and of longer duration than when induced by other drugs. It is, moreover, a more natural sleep. The bromide reduces undue rapidity of the heart's action and of respiration. Cough, however, seems to be aggravated by the use of bromide of potassium alone.

Of iodide of potassium, he says that it is a most useful drug in diseases of the heart. One of its chief effects is a complete relief from dyspnoea and all asthmatic symptoms. Chloral-hydrate is not much esteemed by him. It can procure sleep of a kind, but is of no use in relieving the dyspnoea so troublesome in cases of heart disease. It is, moreover, dangerous when given in conjunction with iodide of potassium, the latter drug apparently having the effect of greatly increasing its soporific action.

From Professor Renzi's summing up, it would seem that a combination of the iodide and bromide of potassium is a most beneficial remedy in cases of heart-disease.—*Glasgow Medical Journal*.—*Can. Jour. Med. Sc.*, Jan.

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### PULMONARY ENDOCARDITIS.

Acute lesions to any considerable extent on the right side of the heart are so rare, that a case recently reported by Dr. Pitres (*Lancet*, November 5, 1881), seems to require mention. The patient died from pneumonia, and during life there had been no suspicion of cardiac mischief. The left side of the heart was normal, but the greater part of the right ventricular infundibulum was occupied by a tumor the size of a walnut, connected by a pedicle with the right side of the pulmonary orifice. The corresponding portion of the valve had disappeared and the anterior segment was covered with vegetations. The mass had not caused complete obstruction.—*Chicago Med. Rev.*, Dec. 20.

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### FATTY HEART.

Professor VON STOFFELLA (*Wein. Med. Woch.*), holds that fatty heart is due to destruction of the albumen of its muscular fibers, consequent upon deficiency of oxygen in the system, and that it is not so absolutely fatal as it is generally considered. He recommends most strongly in such cases large doses



of iron continued for months, not as a palliative, but as a medicine which is capable of directly overcoming the fatty degeneration of the heart muscle. As to dietetic measures, he recommends that a certain proportion of fat, carbohydrates, and lime be allowed, with a liberal supply of meat.—*New York Med. Jour.*, Dec.

### THERAPEUTIC ACTION OF DIGITALIS ON THE HEART.

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Two points in conclusion—(1) in regard to the cumulative action, and (2) in regard to the cause of the slow action of digitalis. The remedy acts slowly in producing its full effect, and its effects are very permanent when they do appear. Digitalis acts slowly and cumulatively, not only because of its special influence upon the heart, but because it only comes very slowly into contact with the heart-structure, since it osmoses slowly into and out from the body. The practical point is this; watch the kidneys when giving large doses of digitalis; if water be not passed freely, then cumulative action will be apt to occur. The longer the digitalis is in acting, the more likely it is to have a lasting effect. After abdominal tapping, the digitalis often shows itself in reducing the heart's action. Either it has been lying in the intestines unabsorbed, or in the cellular tissue; probably all the fluids are saturated with the drug. Digitalis is a very useful remedy in cases of syncope and collapse. Formerly, alcohol alone was used. One of the advances of modern therapeutics has been to teach the danger of giving large doses of alcohol in cases of surgical shock. Belladonna and digitalis are proper remedies given by hypodermic injection. The pulse begins to fill up in twenty minutes or half an hour. No irritation is produced at the point of puncture. Throw in twenty minims at once, and expect to find the result in half an hour. He did not wish his remarks to be understood as declaring that digitalis was entirely without danger, but he had used it in hundreds of cases, and had seen men apparently dying revive under its effects. It is important to stop it as soon as evidence appears in the pulse that it is beginning to be absorbed. Used in this way, he did not believe that there would ever be any serious cases of poisoning with it.—*Prof. H. C. Wood, Phila.—Can. Jour. Med. Sc.*, Jan.

### PROSPECTS OF CASES OF VALVULAR DISEASE OF THE HEART.

In a recent number of the *London Lancet* is a paper by MILNER FOTHERGILL with the above title, in which the author insists with great force, that the presence of a bruit does not mean necessarily that the patient in whom the bruit is heard is going rapidly to his grave. He points out that there are many cases in which a bruit is heard, and in which no valvular lesion is present; such bruits, for instance, as we have often associated with anæmia. In such cases, of course, a cure of the anæmia causes the bruit to disappear. But even in cases in which there is undoubtedly a valvular lesion present, it by no means follows that the heart cannot so accommodate itself to the altered circumstances as to allow the individual to live to a good old age.—This fact although known and spoken of in treatises on cardiac diseases, seems often to be lost sight of when a prognosis is made, so much so, that a diagnosis of heart disease carries with it an almost fatal prognosis. It would seem that the study of the pathological conditions in various organs, met with in persons who have died of valvular lesion of the heart, makes many look upon these conditions as the necessary accompaniment of every valvular lesion, and causes them to look upon treatment as of very little, if any avail.

The unfortunate result of such a mistake can hardly be overestimated. The patient, feeling sure that his life is to be cut off suddenly, lives in continual fear. And as years roll by and the fatal prognosis is not verified, the patient naturally comes to look on all opinions given by physicians as more than likely to be of little account. As the author says: "Every error of the kind

carries with it a far-radiating influence of scepticism as to the accuracy of medical information as regards disease of the heart. For the sake of the profession, for the sake of the public who put their trust in us, it is desirable that such mistakes occur as rarely as may be."

Let it be remembered that every murmur of the heart does not mean a valvular lesion. And even when a valvular disease is certain, that some forms of the disease are often carried for years without symptoms of great gravity.

The paper closes with a record of several cases in which persons with mitral or aortic disease lived for years without any bad symptoms, and some leading very active lives without difficulty.—*Cin. Lancet and Clinic.*, Jan. 14.

### RELATIONS OF ANGINA PECTORIS TO DIABETES.

At the meeting of the *Académie de Médecine*, held on the 22d of November, M. VERGELY, of Bordeaux, read a paper with the above title, of which the following are the conclusions:

1. The attack of angina pectoris may be associated with diabetes.
2. The attack may be simple, or accompanied by intermittent neuralgias.
3. It can occur independently of any cardiac affection.
4. In attacks of angina pectoris, the urine should always be examined to determine whether the neurosis or neuralgia is not associated with diabetes.—*Bull. Gén. de Thérap.*—*Med. News*, Jan. 28.

### EMBOLISM OF CEREBRAL AND FEMORAL ARTERIES.

From a Clinical Lecture by Prof. E. G. JANEWAY, M.D., Clinical Lecturer on Medicine at Bellevue Hospital Medical College.

**CASE.**—A woman 26 years old; admitted Nov. 14th; was taken sick the Saturday before admission. While drinking a glass of water suddenly became unconscious, lost the power of speech and for ten minutes lost power in both legs; the left arm was completely paralyzed, sensation is decreased on the left side, while there is hyperæsthesia of the right side. There was also loss of sight, but this is being gradually restored.

We would suspect embolism of the left cerebral artery, to account for these symptoms. But there is also embolism of the left femoral or popliteal artery as there is dry gangrene of the extremity. The line of demarcation forming just below the knee.

One plug has gone to the brain, the other to the extremity. The patient has fever, which may indicate that there are plugs in other parts of the circulation, perhaps splenic or renal embolism. There is facial paralysis, the tongue deviating to the paralyzed side. The temperature has been averaging about  $101\frac{1}{2}^{\circ}$ , the pulse irregular, sometimes almost lost. There is a short, sharp systole between the fuller systoles.

The temperature of the gangrenous foot is much lower than that of its fellow, since the circulation has been cut off.

There has evidently been cardiac disease, vegetations have formed in the heart and have been dislodged, one mass going to the cerebral artery, the other to the femoral. She has anæmia of the brain and gangrene. There may be besides multiple embolism. The urine should be examined to determine the condition of the kidneys.

We might think that in a case of this kind the power of speech would be lost, but when the one side is anæmic there is compensatory congestion of the other side.

The leg should be kept warm, and when the line of demarcation has formed, amputation should be performed.—*Med. Gazette*, Dec. 10.

## ANÆSTHETICS.—AMMONIA VS. CHLOROFORM AND IODOFORM.

Chloroform acts powerfully on the ventricle of the frog's heart. Like lactic acid, muscarin, and jaborandi, it lessens both the height and duration of the trace, until, finally, the heart is arrested in diastole. In one experiment, a minim of chloroform nearly stopped the ventricle; and, when the heart had almost ceased beating, the addition of two ten-minim doses of strong solution of ammonia at once restored its action, until the contractions became almost as powerful as at first. The addition of ten drops of chloroform again stopped the heart. This shows the powerful paralyzing effect of chloroform, and demonstrates most conclusively the mutual antagonism existing between chloroform and ammonia.

Iodoform and ammonia are mutually antagonistic, as shown by their action on the ventricle. A fifth of a grain of iodoform nearly stopped the heart, and then ten minims of a one per cent. solution of strong ammonia restored the contractions, which were again arrested by another dose of iodoform. This was repeated on the same heart three successive times. (Dr. Ringer), *London Medical Record*.—*Detroit Lancet*, Jan.

## SCURVY.—ACETATE POTASSIUM.

Treatment of scurvy has lately been studied by A. SZIKSZAY (*Pester Medicinische-Chirurgische Presse*, Nos. 25-30.) As prison physician he had large opportunities. Acting on Garrod's view that the disease is due to a deficiency of potassic salts, he prescribed various salts: the chloride, iodide and tartrate of potassium were inefficient, but the acetate of potassium produced an improvement, after as small a dose as ten grammes. About one gramme was taken every hour without unpleasant accidents. The cure required from eighteen to thirty-eight days, on an average twenty-nine, while the duration with other treatment was two to five months. An analysis of the blood showed an increase of potassic salts during the treatment.—*Chicago Med. Rev.*, Dec. 20.

## CHLORHYDRIC ACID IN CHLOROSIS.

Dr. ZANDER, in the *Centralblatt für die Med. Wissenschaften*, contests the exactitude of the widely spread opinion that chlorosis is due primarily to an alimentation containing too small a proportion of iron. The malady is induced by default in the absorption of iron introduced with the food, because the gastric juices do not contain a sufficient proportion of chlorhydric acid. The result is that the albuminoid principles are incompletely digested, and nutrition languishes.

With this view of the question, the author has had recourse, in the treatment of chlorosis, to the following solution:

R. Acid. chlorhydric, 2 to 4 grams; aquæ destill., 200 grams. M.

One or two tablespoonfuls of this solution may be taken after meals, and in obstinate cases pepsin may be added.

This treatment has, in the experience of Dr. Zander, given good results.—*Med. and Surg. Rep.*, Dec. 24.

## EXOPHTHALMIC GOITRE.—ERGOT.

Dr. J. STEWART reported to the Canada Medical Association, at Halifax, three cases of exophthalmic goitre with all the symptoms strongly marked which he has treated successfully with fluid extract of ergot in doses of ten to fifteen minims, three times daily. Two cases are completely relieved, and have been free from all unpleasant symptoms for one to four years. The third case is still under treatment, and is greatly improved.—*Canad. Jour. of Med. Sci.*

## TREATMENT OF GOITRE BY IODOFORM.

M. BOECHAT (*Correspondenz-Blatt für Schweizer Aerzte*) has employed iodoform in the treatment of goitre. 1. By external application the author has employed a glycerole covered with a layer of collodion: the results were *nil* in old cystic or parenchymatous goitres. In recent goitres, on the other hand, of soft consistence, the tumor diminished more rapidly than with iodine or iodide of potassium. The odor is a serious inconvenience. 2. Internally Boechat prescribes iodoform in pills of one centigramme, not more than ten a day. This treatment has only been applied in the case of two patients with old-standing goitres. 3. M. Boechat has employed interstitial injection in three cases. The first patient, who had a goitre from infancy, received for fifteen days the injection of half of a Pravaz syringe of a saturated solution of iodoform in ether. Cessation was necessary on account of very intense inflammatory reaction, but the goitre was markedly diminished. In the second case two injections were sufficient to cause amelioration in an old-standing goitre. In the third case, a very old goitre, suppuration took place with no improvement. To sum up, M. Boechat believes that this is a useful method, which might become more general.—*Med. Times*, Dec. 17.

## LEUCOCYTHÆMIA AND HODGKIN'S DISEASE.

Dr. GRAHAM, of Toronto, has summarized the leading points of similarity and difference in these two allied diseases. He states: 1st. That the essential features of leucocythæmia are the lymphoid growths, and the leucocytes found in the blood derived from them. 2. That the existence of similar growths is the essential feature of Hodgkin's disease; but in it the leucocytes, for an unexplained reason, do not enter the circulation. 3d. That in both diseases the presence of these deposits or growths interferes with the manufacture of the red corpuscles, anæmia resulting. 4th. That these growths bear a strong resemblance to those of a malignant character, especially the sarcomata. And, lastly, that pernicious anæmia may arise as a consequence of leucocythæmia, or Hodgkin's disease, in the same way that it sometimes results from pregnancy or any other condition that interferes with the proper elaboration of the blood.—*Med. Record*, Dec. 31.

## IMMEDIATE ARREST OF BLEEDING FROM THE NOSE.

JOHN KENT SPENDER, M. D., in *British Med. Journal*, says: An improved instrument is described in Mr. W. Spencer Watson's book on Diseases of the Nose and its accessory Cavities. It "consists of a gum elastic tube about five inches long, with lateral perforations near the end, and covered with thin caoutchouc membrane in the form of a spirally twisted bag for the last three or four inches of its length. To use it the membranous bag is smoothly folded over the continued tube, and the whole being oiled (diluted glycerin is better) is passed along the floor of the nares till it reaches the pharynx. The bag is now inflated, . . . and if a stop-cock is fitted the air is kept in by turning it as soon as sufficient tension is obtained." The cavity of the twisted bag could be injected with water if it were desired, but I have never found this necessary. When I recollect what "bleeding from the nose" was in old days, I cannot be too thankful to Dr. Rose for his simple and effective invention. To be called to an obstinate accident of this kind, especially when other medical men had failed, was enough to make one sick at heart from the possibility of adding another failure to the dreary history; and then there was the consciousness that delay might mean impaired health or even death to the victim. The victory is half won when a man is armed with an apparatus which he knows is sure to succeed; and I am now speaking of cases in which he wishes to succeed, and which are not forms of natural

blood-letting to be encouraged. The object of this brief communication is to recommend Dr. Rose's instrument for (1) facility of introduction; (2) the extent and evenness of the inflated area; and (3) the possibility of its remaining *in situ* for thirty-six or forty-eight hours, when it may be gently removed, and the hemorrhagic nostril can be syringed with some cold astringent fluid for purposes of cleanliness and the washing away of blood *débris*.—*Louv. Med. News*, Dec. 24.

### HAEMOSTATIC.

Dr. HOUGHARIL, of Paris, prescribes with the greatest success the following pills in the different forms of Hemorrhage, such as Metrorrhagia Hemoptysis, Epistaxis, etc.:

℞. Ergotin, quini sulph., ʒʒ gr. xxx; digitalis pulv., gr. ij; ext. hyosciamus, gr. ij. Mix. Ft. mass. Divide into 20 pills. Dose from 5 to 10 in a day.—*Med. Press.*—*New Eng. Med. Mo.*, Dec.

## DISEASES OF THE ORGANS OF DIGESTION.

### SYMPATHIES OF THE PAROTID GLAND.

R. B. MOWRY, M. D., of Allegheny, Penna., writes:—A great deal of interest has been lately manifested in affections of the parotid gland, which induces me to report some cases which came under my observation.

John G., a boy of ten years, was attacked with typhlitis. I need not detail the symptoms; will only say it was a well-marked case of inflammation of the cæcum. After a few days' treatment, the symptoms of inflammation in that region seemed to disappear, and the left parotid gland swelled and went on to suppuration.

When the gland grew better, symptoms of inflammation again appeared in the region of the cæcum; these symptoms again suddenly subsided, and the right parotid inflamed and suppurated. When this parotid became better, symptoms of inflammation again appeared in the region of the cæcum. An abscess was finally formed, which discharged healthy pus, and the boy got well, with evident adhesion of the intestine to the parietes of the abdomen. This boy lived for some years in pretty good health, when from violent exercise—playing base-ball—a rupture was produced, an artificial anus formed, from the effects of which he finally died.

In this case there was no evidence of the formation of pus in the region of the cæcum, until after both parotids had recovered; nor were there at any time symptoms of blood-poisoning.

Being impressed with this case, which seemed to me to be merely transferred irritation from the cæcum to the parotids, I was disposed to refer swellings of the parotid, in cases of typhoid fever, to transferred irritation from the glands of Peyer, but I have never witnessed in cases of typhoid fever anything more than a swelling and tenderness of the parotid.

Within the last year I attended a case of severe atonic dyspepsia, in consultation, in which there was also very much of the nervous element.

The stomach became so intolerant of everything except water, that we determined to let it severely alone, and nourish our patient with nutritive enemata; these were composed of beef-tea, brandy, and tr. opium, and were administered every four to six hours. About the fourth day of this procedure the left parotid became painful, swelled so much that the patient could not separate his jaws more than about half an inch, and the socia parotidis seemed very much like going on to suppuration.

Believing that the inflammation of the parotid was, likely, excited by transferred irritation from the enemata, and the stomach having become somewhat more tolerant, we ceased the enemata. With the aid of poultices the parotid swelling soon began to subside and get well without any suppuration.

I am well aware that inflammation of the parotid occurs in a number of other diseases, as in influenza, but there is associated an aphthous stomatitis, which is, no doubt, the direct cause of the inflammation of the parotid; such also is the case in small-pox.

Inflammation of the parotid occurs in the plague, but in this disease the whole glandular system is very much affected; and so, too, in its congener, typhus fever, inflammation of the parotid is apt to occur.

That very peculiar disease the "mumps," stamps the parotid as an organ differing from all other glands, especially in its sympathies. The above cases are reported to call attention to the fact that the parotid gland takes on inflammation from other causes than septicæmia and the peculiar poison of mumps.—*Med. News*, Jan. 28.

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### TREATMENT OF ACUTE TONSILLITIS BY ICE AND QUININE.

Clinic of Prof. DA COSTA, Phila.

This man is suffering with violent acute tonsillitis; the tonsils, as you can see, are still inflamed; they were enormously swollen. He had, when he came in, eight days ago, considerable fever; the temperature at one time was up to  $103\frac{1}{2}^{\circ}$ , but it did not long remain at this height. The attack began with a chill, soon followed by fever, mucous expectoration, sore throat, but nothing like a diphtheritic deposit upon the surface. Both tonsils were swollen; he had high fever. It was a case of more than average severity, and in such cases the attack usually terminates with suppuration of the tonsils. It is rare that treatment will succeed in making the inflammation subside without it.

We gave him ten grains of quinine daily, at first in a single morning dose; afterward in divided doses. We allowed him to suck ice freely; and also, bearing in mind our recent case of parotid swelling, we applied the ice in bags to the outside of the throat, assiduously. This was carried out very effectually; for in place of the profuse suppuration which usually takes place in such cases in the tonsils, it has only been superficial and very slight, and has affected only one tonsil. Therefore we have reason to be pleased with the effects of the ice and quinine treatment in this case. Otherwise nothing locally was done; he used a little water as a gargle but no astringents; we relied solely upon the ice which he sucked, and had applied to the angles of the jaw.—*Col. and Clin. Record*, Jan. 15.

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### LOCAL APPLICATION OF CHLORAL HYDRATE IN THROAT AFFECTIONS.

In a paper read before the Northwestern Ohio Medical Association, and published in the *Detroit Lancet*, Dr. G. A. Collamore speaks of a species of sore throat, characterized by moderate swelling of the tonsils and adjacent mucous membrane, pain in deglutition, and a peculiar cherry red or purplish red hue of the tonsils and pharynx. On the tonsils appear spots of whitish or yellowish white color, the size of a grain of corn or less. These are composed of the aggregated secretions of the tonsillar glands, and are readily detachable, leaving the mucous surface unabraded. There is, moreover, a moderate, sometimes high, grade of fever, and decided prostration of the system. The disease is properly a follicular tonsillitis, though the inflammation is not confined to the tonsillar surfaces, but affects the palatine and pharyngeal mucous membrane also, and is liable to be mistaken for and called diphtheria, from which a little care in observation will differentiate it.

In these cases, combined with suitable systematic remedies, chloral acts in a kindly manner as a local application, either as a gargle, a grain or two to the ounce of water, frequently used, or in a stronger solution applied with a camel's hair brush or a swab. A small quantity of the gargle may be swallowed after each gargling, in order to apply it to the lower pharynx. Employed in this way the author has found chloral a very valuable remedy.—*Med. and Surg. Rep.*

### TONSILLAR CALCULUS.

At a meeting of the New York Pathological Society, Dr. Mayer presented a specimen of calculus which he had removed from the tonsil of a man, who had suffered with tonsillitis for six months. After the removal of the calculus the tonsillar inflammation subsided. Several members of the society had seen similar calculi and they had been known to return.

In all cases of chronic inflammation of the tonsil, it is wise to search for these stones; they generally are formed in a sebaceous gland, and if small may not be seen. Puncturing the tonsil with a needle will discover them if present. When these calculi are the result of calcification of the cheesy nodules, so often found in the tonsils, they emit a most offensive odor.—*Northwestern Lancet, Dec.*

### ERGOTINE IN PHARYNGITIS.

*La Revue mensuelle de Laryngologie* speaks highly of the following as an application in cases of chronic pharyngitis, in which we have an excessive muco-purulent secretion and enlargement of the blood vessels of the pharynx:

Ergotine, 1 gramme; tincture of iodine, 4 grammes; glycerine, 30 grammes. M. Sig.—To be applied freely to the pharynx twice a day.—*Cin. Lancet and Clinic, Jan. 21.*

### GARGLES.

#### GARGLE IN TONSILLITIS AFTER THE ACUTE STAGE AND IN RELAXED SORE THROAT.

R. Acid. hydrochlorici dil., 38; mellis depurati, 31; infus. rosæ acidi, ad. 38. M. Sig.—As gargle.

#### GARGLE IN APHTHÆ AND ULCERATIONS ABOUT THE FAUCES.

R. Boracis, grs. 160; tr. myrrhæ, 31; aquæ, ad. 38. M. Sig.—Gargle.

#### IN ULCERATION AND FISSURE OF THE TONGUE.

R. Boracis, grs. 60; glycerini, 312; aquæ rosæ, ad. 34. M. Sig.—To be painted over the fissured surface.

#### GARGLE IN CHRONIC INFLAMMATION OF THE FAUCES.

R. Boracis, grs. 180; syrapi scillæ, 31; aquæ, ad. 38. M. Sig.—Gargle.

#### IN CHRONIC GINGIVITIS, ULCERATION, LOOSENING OF THE TEETH.

R. Tinct. myrrhæ, 34; acid. tannici, gr. 85; Eau de cologne, 312. M. Sig.—Sponge the gums with this preparation three or four times a day.—*Med. Gazette, Dec. 3.*

### GASTROSCOPY.

Dr. MIKULIEZ recently demonstrated the œsophagus and stomach before the Vienna Medical Society with his gastroscope. This instrument has been perfected by the addition of a tube through which the stomach may be distended with air, and thus examined more completely.—*Med. Record, Jan. 21.*

## VOMITING.

Professor POTANI states in the *Revue Médicale* that vomiting is a more constant symptom of brain disease, or disease of the kidney, than of affections of the stomach, and advises attention to the encephalon and the uriniferous organs in cases in which constant vomiting is observed without any manifest sign of disease of the digestive organs.—*Med. Brief, Dec.*

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## CHLORAL INJECTIONS IN INCOERCIBLE VOMITING.

Dr. VIDAL, of the St. Louis Hospital, Paris, has often used the above with success. In cases of vomiting during pregnancy, these injections, composed of half a pint of infusion of orange leaves and one gram—15 grains of chloral, are given twice daily. Care being taken to administer them an hour before meals.

Dr. Dussaud, in a recent address before the Medical Society of Marseilles, mentioned the case of a woman, 28 years old, pregnant, who, at regular monthly intervals, suffered from incoercible vomiting; this was subdued by chloral injections.—(*Paris Méd.*)—*Med. and Surg. Rep., Jan. 14.*

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## DYSPEPSIA.

## DYSPEPSIA WITH SLUGGISH ACTION OF THE LIVER.

R. Acid nitro-hydrochlor. dil., 3 ij; acid hydrocyanici dil., min xxv; succi taraxaci, 3 vj; tr. gentianæ co., 3 j; infus. sennæ, ad., 3 viij. M. Sig. One-sixth part twice or thrice daily.

## SLOW DIGESTION

R. Quiniæ sulphat, grs. 12; pulv. ipecacuanhæ, grs. 12; ext. gentianæ grs. 24. M. Divide into twelve pills and order one to be taken every day at dinner.

## TONIC IN WEAK AND IRRITABLE STOMACH.

R. Ferri et quin. citrat., grs. 80; tinct. chiritæ, 3 1½; aquæ, ad., 3 8. M. Sig. One-sixth part three times a day.—*Med. Gazette, Jan. 21.*

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## FLATULENT DYSPEPSIA.

R. Potass. chlor., 2½ drachms; sodæ bicarb., 2½ drachms; rhei pulv., ½ drachm; capsici pulv., 4 grains; ol. sassafras 2 drops. M. Sig. Dissolve in half pint of water, and give tablespoonful immediately after each meal.—*Med. Brief, Dec.*

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## ACID DYSPEPSIA.

BOUCHARDAT (*Union Médicale*) recommends the following. Mix 75 grains each of powdered chalk and powdered rhubarb, and 1.4 grains of powdered crude opium; divide into ten powders; one to be taken daily at the beginning of the principal meal. Acid and overseasoned food should be avoided. For fetid eructations, the use of nitrogenous food should be restricted, and charcoal should be given with small doses of nitrate of bismuth.—*N. Y. Med. Jour.*



### FURRED TONGUE OF INDIGESTION.

There is a perfect layer of debris of food and dead epithelial scales, indicative of the state of the lining membrane of the digestive canal. Not uncommonly purgatives have been taken, but if mercury have not been employed no improvement has followed in the condition of the tongue. A mercurial will usually produce the desired alteration, but sometimes needs repetition, together with the use of a mixture containing nitro-muriatic acid and small doses of sulphate of soda for a week or longer.—*Fothergill: Indigestion and Billiousness.—Maryland Med. Jour., Jan. 1.*

### CEREBRAL SYMPTOMS IN DYSPEPSIA.

M. LEVEN has reported in *Le Progrès Médicale*, one hundred cases which tend to show the existence of cerebral phenomenon whose presence has been heretofore overlooked in dyspepsia. Thus he has seen patients suddenly struck down in the street with true apoplectic attacks which last from ten minutes to a quarter of an hour. Such cases were believed to be epileptic, but M. Leven suggests that they were in reality simply dyspeptic, since the cerebral symptoms entirely disappeared when the digestive troubles had been cured. In dyspepsia the intelligence is unaffected, and there is never any mental disorder. Certain cerebral faculties may be altered, but the *ego* remains intact. This affection of the higher faculties, this weakening of the will, of action, of memory, and of the power of speech, may be readily observed. In some cases the patients are unable to determine upon an act, and they have to make a decided effort to perform what is generally an almost instinctive movement, as for instance to pick up anything that they have just dropped. In such cases the memory is impaired and speech is difficult, more especially after meals. The patients are melancholy, and suffer from cutaneous hyperæsthesia, a point which distinguishes them from the hysterical.—*Cin. Lancet and Clinic, Dec. 24.*

### HEMORRHAGE FROM STOMACH.

R. Tr. ferri perchloridi, min. xv; acid. hydrochlorici dil., min. x; aquæ aurantii floris, 3 xij. Make a draught to be taken every six hours.—*Med. Gazette.*

### HERNIA OF THE EPIPLOON.

These are the characters by which you are to recognize a hernia of the epiploon alone: The tumor is dull, and presents no gurgling on pressure; you will find these signs described in your books, and they are deceptive, for an entero-epiplocele presents these characters; but one symptom, to which I most especially direct your attention, is the narrowness of the pedicle of the hernia, and the almost complete indolence of this on pressure, joined to the absence of a resistant plane behind the ring. This narrowness of the neck is explained without difficulty, when we recall the texture of the epiploon. We understand very easily that the fat may be depressed by the constricting band, as by a thread.—*M. Desres, in Gaz. des Hôp.—Chicago Med. Jour. and Exam. Jan.*

### DIPHTHERITIC PERITONITIS.

Dr. C. J. LEWIS, of Chicago, reports the following case of peritonitis from diphtheria: The patient was ten years old, and had been ill for four days before coming under the Doctor's observation. The patient was very hoarse, and there were patches of false membrane on the uvula and tonsils. There

was marked albuminuria. The bowels were obstinately constipated, and the urine was voided at intervals of a day and a half. A week subsequent to coming under Dr. Lewis' observation the patient was seized by marked symptoms of peritonitis, from which she died; there was no autopsy permitted. The case is, in many respects, exceptional, but that the peritonitis resulted from an extension of the diphtheritic process there can be no doubt.—*Chicago Med. Review.*

### TAPE WORM.

A correspondent of the *Scientific American* thus describes the migrations and metamorphoses of this parasite:

Most of my readers know that the domestic pig is subject to a disease known as "measles," in which the muscles are more or less filled with *cysts*, which render the pork unfit for food: but I think few are acquainted with its cause.

Man, it is well known, is occasionally infested by a parasite—the so-called "tape worm" (*Tania solium*)—which may be described as having a tape-like body of varying length, with a differentiated "head" or *scolex* at one extremity.

This apparently single animal is in reality a colony of mothers and daughters, the *scolex* being the parent of all.

This "head" is provided with a *rostellum*, or, as it might be called, proboscis, encircled by a crown of hooks, below which are the suckers; each segment added to the *scolex* is a complete individual containing a complicated and perfect reproductive system.

The last segments—*proglottides*—which are filled with eggs, break off at intervals, and either the eggs are set free within the intestine of their host, when they are passed out with the feces, or the segments themselves are evacuated.

The tape worm feeds on the juices of the bowel by absorbing the nutriment through its skin, and does not appear to seriously inconvenience its host in any way. In Abyssinia *tania helminthosis* is constant and general; indeed the animal is there regarded as a sort of hygienic agent and cultivated rather than discouraged, yet the people are healthy; certain it is also that wild animals, almost without exception, harbor at least one species of tape worm as a natural condition.

But what has this to do with "measles?" Now to the point. Let us suppose one of the before-mentioned eggs taken into the stomach of a pig, either by its eating the excrement of a person affected or through the water or air; here it hatches, not into a tape worm, but into an animal of oval form, transparent, contractile, in the middle of which are six stylets arranged in pairs; with these it cuts its way through the tissues until the muscles are reached, when, having arrived at its destination, it stops burrowing and surrounds itself with a sheath.

Here the stylets atrophy, a new and quite different crown of hooks is produced, and the parasite becomes a *cysticercus* or vesicular worm, the cyst being about the size of a hazel nut. This constitutes "measles;" the exhaustion or even death attendant on the disease is caused by the scores, hundreds, or even thousands of animals boring through the tissues; once encysted there is no further suffering or danger.

The *cysticercus* remains encysted for months or years, or until the piece of flesh enveloping it is introduced into the stomach of man, in which case it instantly quits its torpid condition, leaves its sheath, makes its way to the intestine, where attaching itself by its suckers and hooks, it grows—or rather reproduces—so rapidly that in a few weeks a tape worm of several yards in length is formed, which reproduces eggs and so *ad infinitum*—from pig to man, from man to pig.

Should the eggs be introduced into man himself or animal other than the hog, the *cysticercus* penetrates the tissues in the same manner, but it is "not at home," and instead of resting in the muscles it makes its way to other organs,

such as the brain, heart, or eye, where its presence has caused in man several instances of insanity and death. Should a piece of meat containing a vesicular worm be eaten by a pig or animal other than man a *tania* is developed, but it also is "not at home," and does not attain its full development.

Both eggs and cysticerci are killed by a temperature of 200° Fah., so there is no danger in eating well-cooked pork, even if it contains cysticerci.

To prevent hogs contracting "measles" it is only necessary to prevent them having access, either through their food or water, to the secretions of man, and they will not suffer.

Throughout the genus *Tania* we find this dual life; for instance, the cat has a tape worm, the cysticercus of which she gets from the mouse, and the dog one which he obtains from the sheep.—*Cin. Lancet and Clinic*, Jan. 21.

### NARCOTIC ENEMA IN DIARRHŒA, WITH TENESMUS.

R. Liq. morphis acetat, min. 20—60; tinct. catechu, min. 40; vini ipecacuanhæ, min. 80; mucilaginis amyli, ℥ 2. Mix. The bowel should be washed out with warm water before the administration of this enema.—*Med. Gaz.*, Dec. 24.

### LOCAL ANÆSTHETIC IN CANCEROUS AND OTHER PAINFUL DISEASES OF THE RECTUM.

R. Iodoformi, grs. 3—8; olei theobromæ, grs. 20. Mix for a suppository.—*Med. Gaz.*, Dec. 24.

### HEMORRHOIDS.—SUPPOSITORIES.

R. Iodoform 3j; balsam peru, 3ij; cocoa butter, white wax, ʒʒ 3jss; calcined magnesia, 3j. Incorporate the mass thoroughly and divide into twelve suppositories. Insert one after each evacuation of the bowels, and oftener if needed.—*Louv. Med. News*, Dec. 10.

### HOT WATER IN THE TREATMENT OF HEMORRHOIDS.

LANDOWSKI (*Jour. de Thérap.*) suggests hot sitz-baths in bleeding piles, together with enemata of hot water. These not only check the bleeding, but diminish the size of the tumorous tumors to a marked degree. In ordinary hemorrhoids three sitz-baths per diem may be employed. In bleeding piles the baths should be more frequent, and the enemata should be given as hot as the patient can bear (usually about 104°).—*Med. Times*, Dec. 81.

## DISEASES OF THE URINARY ORGANS.

### MILK DIET IN BRIGHT'S DISEASE.

Since we know not at present any drug that possesses therapeutic value to any marked extent in this terrible and fatal disease, and since it is daily making sad havoc among human beings, and principally among that class who, by reason of their valuable public labors, are particularly necessary to the welfare of the world; therefore, it becomes a medical question of paramount interest, that we should discover some potent method of combating

this very prevalent disease. Some years since Carel first called attention to the treatment of Bright's disease by the use of a milk diet, and since then Duncan, as well as many other prominent physicians, have written on this subject. We have ourselves seen some remarkable results follow this treatment, while Dr. S. Weir Mitchell, of our city, is now quite an enthusiast on this subject. This method of treating a formidable disease has received sufficient distinguished endorsement to recommend it seriously to our notice. We would, therefore, ask all physicians who read this article to try this method of treatment, and to furnish us with their experience, which we will publish. The milk is used thoroughly skimmed and entirely freed from butter. To procure the best results, it has been advised that the patient shall restrict himself absolutely to milk, and continue the treatment for a long time. If it disagrees with the stomach (as it will in some cases), Dr. Mitchell advises that the patient be put to bed, and the treatment commenced with tablespoonful doses, to which lime water is added, until the stomach tolerates the milk, when from eight to ten pints should be taken, and absolutely nothing else. The sanction of such a distinguished physician as Dr. Mitchell forces us to seriously consider the merits of this treatment, and we trust to receive the experience of all readers of this journal who may have cases of Bright's disease to treat.—*Editorial in Med. and Surg. Rep., Jan. 28.*

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#### CAFFEIN AND THEINE FOR THE VERTIGO OF BRIGHT'S DISEASE.

Says Dr. ROBERT SAUNDY, in *British Med. Journal*: Even where we can not hope to effect a cure of the disease itself, it is often of the greatest moment to be able to relieve a symptom which is rendering life worthless. Vertigo is not a very common symptom in chronic Bright's disease; but though it does not receive much attention from text-book writers, when it is present it is a very serious matter to the sufferer and often assumes a preëminent position in his own account of himself. After trying various remedies I have found the greatest benefit from caffein or theine in doses of one, two, or three grains in pill three times a day. The following cases are examples: S. K., aged sixty-nine, complained of severe giddiness, but proved to be the subject of a typical case of granular kidney; after taking without benefit chloride of ammonium, iodide and bromide of potassium he was entirely relieved by caffein in grain doses three times a day. J. W., aged sixty-three, complained of giddiness, pain in the head, and loss of memory. The ophthalmoscopic signs were negative. The urine was of specific gravity 1.001; it contained a trace of albumen. She had frequent nocturnal micturition. She was ordered at first chloride of ammonium and digitalis; then theine in doses gradually rising to three grains three times a day, when the vertigo was completely cured. I have notes before me of two other cases equally satisfactory.—*Louv. Med. News, Dec. 24.*

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#### • OBJECTION TO BEEF TEA IN BRIGHT'S DISEASE.

The late Dr. FRANCIS SIBSON, in an admirable paper on Bright's disease and its treatment, published in the *British Med. Journal*, February, 1877, showed how detrimental beef tea may prove in some cases of Bright's disease, where the kidneys are already taxed to the utmost to throw off metamorphosed structures, and yet the metamorphosed structures of the muscles of the cow are superadded, for these very materials, had the animal lived, would have been passed away as urine. Frequently, too, beef tea is advised by practical physicians in diarrhea, dysentery, and during diarrhea of typhoid; certainly a large experience of tropical dysentery and diarrhea has taught the writer to look upon this fluid in the light of poison in such cases.—*Louv. Med. News, Dec. 31.*

## DIABETES AND AFFECTIONS OF THE PANCREAS.

In 1877, Lancereaux found that certain forms of diabetes mellitus were associated with lesions of the pancreas. In these cases the malady began suddenly, ran a rapid course, with marked emaciation, polydipsia, polyphagia, and peculiar alvine dejections. Depierre found that various pancreatic lesions may be regarded as causes of this form of glycosuria. These lesions may be primary, or they may be secondary to the presence of calculi, or to the obstruction of the ducts by neoplasms. In these cases there seems to be a complete abrogation of the pancreatic function, and this abolition is indicated by a train of especial symptoms, constituting emaciating diabetes, a form very different from that of ordinary polyuria in its clinical aspect. In the latter there is an initial stage of apparent health which renders the progress of the disease slow and insidious; in pancreatic diabetes, however, in the midst of a general ill-health, the first symptoms appear, consisting, usually, in grave intestinal manifestations, vertigo, vomiting, and icterus. These symptoms soon disappear, but leave the patient in a state of extreme debility, and are soon followed by the true symptoms of the disease, which latter may also arise without being preceded by those mentioned. These phenomena are polydipsia, polyphagia, polyuria, and antophagism; they reach their climax in a few weeks or months, and are very characteristic of this form of glycosuria. Generally there is diarrhoea, and the urine contains a large amount of sugar. A frequent complication of this disease is pulmonary phthisis, together with an emaciation of such extreme rapidity that in a few months the patient loses successively his physical, intellectual, and virile powers. To this complete prostration and marasmus are added a hectic fever and symptoms of consumption. The disease generally runs its course in half a year, but it may extend over a year and a half to three years. The fatty, creamy fæces are met with in this malady, but it is to be remembered that they are also to be found in other pathological conditions of the organ. A point of diagnostic value, is the deficient digestion of nitrogenized substances, in cases of atrophy of the pancreas; shreds of undigested muscular tissue are found in the fæces of the patient. Besides the ordinary remedies for diabetes mellitis, pancreatine should be administered in these cases, in order to supply the deficiency of pancreatic juice, and thus aid digestion.—*Lo Sperimentale*.—*Med. Record*, Dec. 10.

## DIABETES INSIPIDUS.—VALERIAN.

Dr. R. PRIOR, of Brux, cites a case (*Lancet*) of diabetes insipidus which was successfully treated with valerian and zinc. The patient, a man aged sixty-eight, was passing ten pints of water daily, and suffering from the usual accompanying disturbances. He was put upon valerianate of zinc, two grains, and compound tincture of valerian a drachm and a half. This was gradually increased to twelve grains three times a day, of the valerianate, and two drachms three times a day of the simple tincture. In the course of two months the bad symptoms had entirely disappeared, and six months later he was still well.—*Chicago Med. Rev.*, Dec. 5.

## DIABETES AND MALARIA.

M. VERNEUIL recently presented to the Académie de Médecine the reports of six cases of diabetes following malaria. He believed that malaria frequently causes diabetes, which may be in two forms: an acute and temporary one, and a chronic form coming on some time after the malaria attack.—*Med. Record*, Jan. 28.

## RESULTS OF A NEPHRITIS.

In sketching the progress of diseased conditions, Prof. Potain said, in a recent lecture (*Revue Médicale*):—

Take an interstitial nephritis which has been induced by the impression of humid cold. During its course, modifications in the peripheric circulation will supervene, and you may have hypertrophy of the left ventricle; then, under the influence of a slight external cause, the renal lesion attains the secretory elements, and a uræmia appears; the stomach in its turn suffers, and disorders of digestion of a slow chronic form react upon the other organs—the lung, for instance, becomes the seat of bronchitis or apoplexy; the circulation is effected with difficulty, the cavities of the right side of the heart become affected in their turn, and hypertrophy; the action of the organ is enfeebled, a systole exists, the disturbances in the circulation increase, the liver and kidneys become congested, cerebral symptoms appear, and the patient dies. This is the succession of facts, and according to the period at which you are called to the patient, the primary cause will have ceased to be accessible to therapeutics. Are you, then, to combat the actual symptoms? No, but proceed backward to those which are still attainable.—*Med. and Surg. Rep.*, Dec. 3.

## HYDRANGEA IN RENAL CALCULUS.

Dr. B. EDSON, Brooklyn, New York, (*Medical Record*, December, 1881,) claims very good results from the use of drachm doses of the fluid extract of *hydrangea arborescens* in renal calculus, under which name a very good case of what is commonly called gravel is described. What the rationale of this action of the drug is, Dr. Edson does not profess to explain. He cites several additional cases from his own observation and that of others. The drug would certainly seem to merit trial in renal colic and allied affections.—*Chicago Med. Rev.*, Jan. 2.

## CYSTITIS.

In cases of cystitis dependent on calculus vesicæ (*Med. Press and Circ*), the urine being strongly alkaline, with ammoniacal odor, deep scarlet color, and showing a sediment of ropy mucus, pus, and broken-down blood-corpuscles, Mr. Parke recommends the following:

R. Acid. nit., dil., ℥ x; ext. belladon, gr. †; ext. hyoscyam, gr. v; infus. buchu, ʒ ss. M. Make a draught. Sig. Take, freely diluted, three times a day.—*Louv. Med. News*, Dec. 31.

## SIGNIFICANCE OF FAT IN THE URINE.

RASSMAN divides the affections in the course of which fat is found in the urine into three classes: 1st, true chyluria, parasitic, and non-parasitic—in these cases the urine also usually contains albumen, and not infrequently fibrin; 2d, fatty degeneration at some point of the urine-forming or urine-conducting apparatus—to this class belong also those cases where the pus of an old abscess finds its way into the urinary passages; 3d, numerous constitutional affections associated with marked cachexia or dependent on systemic intoxication, such as phthisis, long-continued suppuration, pyæmia, yellow fever, poisoning by phosphorus or carbonic oxide gas, chronic poisoning by turpentine, and severe injuries of the bones. In these cases the blood con-

tains an abnormal amount of fat, which passes off by the kidneys. As a proof of the correctness of this theory, Rassman cites the results noted in a series of experiments performed on dogs, cats, rabbits, and frogs. After injections of oily emulsions into the blood or peritoneal cavity, fat was usually demonstrable in the urine on microscopic examination. At the same time the animals became more or less somnolent, the blood-pressure sank for a time, and the pulse became less frequent. When large doses were injected, death ensued in a short time, the heart becoming arrested in the state of diastole. Similar results were obtained after injections of emulsified oleic acid and oleate of soda in one to ten per cent. solutions. Rassman thinks with Olshausen that these phenomena furnish an explanation of the retardation of the pulse usually noted during the first few days following childbirth; in other words, the retardation is due to fatty degeneration of the uterus and abundant absorption of fat into the blood.—*Allg. Med. Central-Zeitung*.—*Med. Record*, Dec. 8.

### FILARIA SANGUINIS HOMINIS AND CHYLURIA (MILKY URINE).

Filariae were first discovered in the urine in 1866. In 1879 Lewis found them in chylurios patients, and other observers in various tissues. Bancroft, of Australia, next discovered the sexually mature worm,  $\frac{3}{4}$  inches long, in a lymphatic abscess in the arm. Fourth, Manson discovered that the mosquito was the intermediary host, and fifth that there was a periodicity in the appearance of the parasite. The filariae disappear from the blood during the day, but appear in numbers at night. It is remarkable that their appearance should correspond with the visits of the mosquito. This insect forces its proboscis into the capillaries of the skin and catches the filariae and removes them in masses from the blood. The evidence now is strong that lymph scrotum, chyluria, &c., are produced by the filariae. Change of meal times did not affect the periodicity, but reversing the period of being in bed and of being up completely reversed the time of appearance and disappearance of the parasite, which was then found only in the day. The filaria measures from  $\frac{1}{16}$  to  $\frac{1}{8}$  inch in length and  $\frac{1}{320}$  to  $\frac{1}{160}$  inch in breadth. When freshly drawn from the blood they are in a very active condition, twisting and wriggling about like eels, and lashing the blood corpuscles with their tails. Mosquitoes gorged with filarial blood, from China and Australia, were shown under the microscope.—*Pathological Society of London. Lancet*.—*Maryland Med. Jour.*, Dec. 1.

### ABNORMAL CONDITIONS OF THE URINE.

#### INCONTINENCE OF URINE WHERE THE REACTION IS ALKALINE.

B. Acidi benzoici, grs. 30. Glycerine sufficient to make a mass. Divide into six pills and silver them, and take one every six hours.

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#### CATARRHAL INFLAMMATION OF THE BLADDER, WITH ALKALINE URINE.

B. Ammon. benzoatis, grs. 60-120; syrapi hemidensi,  $\frac{3}{4}$  i; spts. juniperi, 3 6; aquæ, ad.  $\frac{3}{8}$ . Mix. Sig. One-sixth part three times a day.

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#### TONIC IN DEBILITY WITH LITHIC ACID DIATHESIS.

B. Liq. potassæ, 3 iij; tinct. cinch. co., 3 vj; decoct. cinch. flav. ad.,  $\frac{3}{4}$  viij. M. Sig. One-sixth part twice or thrice daily.

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#### CHRONIC CATARRH OF THE BLADDER.

B. Boracis, grs. 40; tr. buchu, 3 6; ext. pareiræ, fl., 3 6; decoct. pareiræ, ad.  $\frac{3}{8}$ . Mix. Sig. One-sixth part every six or eight hours.—*Medical Gazette*.

# SURGERY.

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## OPERATIONS, APPLIANCES, DRESSING, ETC.

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### THE MEANING OF KEITH'S ABANDONMENT OF LISTERISM.

At the late International Medical Congress in London Mr. Keith formally pronounced against the use of antiseptic precautions in abdominal surgery. He admitted having had *eighty successive recoveries* under the Lister method, and said if he stopped there "the showing would have been wonderful, but," he added, "out of the next twenty-five cases I lost five, three from carbolic acid poisoning, one from renal hæmorrhage, one from septicæmia." In this matter, however, there seems to be a wheel within a wheel. There was more which Keith did not add. In the first place he did not say that whenever he used the spray he experienced an attack of hæmaturia, and again, and more important, he did not say that in these twenty-five cases he used a solution of carbolic acid which was *one tenth stronger* than that prescribed not only by Lister but by the commonly adopted proportions of the spray. This in itself must have had an absolute effect in the fatal cases, three of which were poisoned by the acid, another dying from renal hæmorrhage. Mr. Keith must have very strongly influenced the surgeons who listened to his address, but if he had included the facts I have mentioned, and which were communicated to me by an English ovariologist who *does* believe in the spray, it is not unlikely that his audience would have mingled a few grains of salt with the impression Mr. Keith's statements may have created. At any rate it would have been fairer in him if he had mentioned these data, the truth of which seems unimpeachable.

When a surgeon of Keith's reputation announces before such a body of men as formed his audience at the Congress his complete loss of faith in a procedure which has created a revolution in surgery and has won so many distinguished adherents, he should not only give *all* his reasons, but if, as Mr. Keith has done, he had taken the liberty to increase the strength of the carbolic solution, precisely in those cases of which five were fatal, this more than all else should be stated. This was the only fair and honorable course open to Mr. Keith. Not having taken it he has injured and lessened the force of all he did say, and his other reasons for abandoning the spray fall to the ground. That he allowed himself to commit this error is somewhat surprising, for a man whose experience and fame have given him great influence cannot too carefully measure the weight of his denunciation of a method so valuable as to have secured the faith of the leading surgeons of Christendom.

Mr. Keith's position in reference to the spray suggests that which a naval engineer would occupy if he condemned the use of steam because in his hands it had destroyed several vessels, but neglects to mention the insignificant fact that his steam pressure was ten per cent. higher than, according to all approved tests, any boiler can safely bear.—*From Foreign Correspondent to Boston Med. and Surg. Jour., Jan. 12.*



### SURGICAL SHOCK.—DIGITALIS IN SYNCOPE AND COLLAPSE.

Digitalis is a very useful remedy here. One of the advances of modern therapeutics has been to teach the danger of giving large doses of alcohol in cases of surgical shock. Belladonna and digitalis are proper remedies given by hypodermic injection. The pulse begins to fill up in twenty minutes or half an hour. No irritation is produced at the point of puncture. Throw in twenty minims at once and expect to find the result in half an hour.—*H. C. Wood, Phila.—Maryland Med. Jour., Jan. 1.*

### CHLOROFORM ASPHYXIA CURED BY TRACHEOTOMY.

A. B. ATHERTON, M. D., Fredericton, N. B., reports a case of suspended respiration occurring in the midst of an operation, during the administration of chloroform, or rather a minute or two after its use was suspended. After about ten minutes' efforts at artificial respiration, which proved unsuccessful, the doctor decided to open the trachea, which he did with two strokes of the knife. Immediately the air whistled in and respiration was at once restored. The recovery was rapid.—*Louv. Med. News, Dec. 24.*

### SENILE OSTEOMALACIA.

True, osteomalacia may be developed in the aged as in adults. The affection may show itself beginning at an advanced age—at seventy years or beyond; it may be traced back to the adult age, and the disease has followed a slow and progressive evolution up to the moment when an acute exacerbation takes place, which terminates the scene. Ordinarily, the disease begins with pains located more particularly in the vertebral column, the ribs, the sternum, etc.; it is only at a later period that they invade the pelvis and, at times, the lower extremities. These pains are vague, ill-defined, at times very violent; they occur especially when the patient would make some movement or muscular effort; they are provoked by walking. These painful phenomena, which may exist by themselves for a long time before deformity, ought to attract the clinician's attention.

Osseous deformities, occurring in people of advanced age, seem, like the pains, to be localized by preference at certain points; these are the vertebræ, which generally are the first to become flat, leading to a curving of the body and a dorsal arching with deformity of the thorax. The bones of the lower extremities may undergo a certain degree of softening, but no such deformity has been observed here as occurs in the osteomalacia of adults.

Regarding the causation, nothing special has been noted in the aged.

Anatomical examinations demonstrate that we have to deal with a true osteomalacia. Zones of decalcification are formed with the characters met with in the adult; the lesions of the osseous marrow are, perhaps, slightly modified, by reason of the changes which it undergoes in the aged. The author (M. Demange) has not found waxy osteomalacia; the brittle form (*ostéomalacie fracturante*) has alone been observed. This is doubtless because the patients have not survived a sufficient time.

The progress of the affection is that of marantic diseases; the patient becomes enfeebled, he has an excessive fear of being moved; the slightest pressure over the osseous projections is painful; walking becomes impossible, while there is neither paralysis nor contractures; and, finally he remains in bed, legs extended, the body doubled upon itself, and the head raised high upon a stack of pillows. For a long time digestion goes on regularly; then diarrhoea supervenes and carries off the patient in marasmus, if a bronchitis or a pneumonia does not intervene to hasten the fatal issue.—*Lyon Médical.—St. Louis Clin. Record.*

## TREATMENT OF WOUNDS FROM SUPPOSED RABID DOGS.

No. 16 of the *Progrès Médical*, contains M. Durjardin-Beaumetz's conclusions on the above subject:—

1. A person having been bitten by a mad dog, or by one suspected of rabies, the wound must first be made to bleed, then washed, and finally cauterized.

2. All bites, whether trifling or serious, must *immediately* be made to bleed profusely by means of sufficient pressure. They must be washed in plenty of water, or any other liquid, (urine even), until cauterization can be effected.

3. This can be made either with Vienna paste, butter of antimony, chloride of zinc, or a red hot iron, the latter is the best of all, and any piece of iron heated *red hot* will serve the purpose.—*Med. and Surg. Rep.*, Jan. 7.

## ANTISEPTIC TREATMENT OF ABSCESS.

Dr. LUCAS CHAMPIONNIÈRE recommends, in the *Union Médicale*, the following procedure:—

Before opening an abscess, in whatever region it may be placed, we should carefully wash the skin, especially if it has been covered by a poultice, with a strong carbolic acid solution:—

R. Acidi carbolici, 50 parts; glycerini, 75 parts; aquæ, 1000 parts, M.

The bistoury should also be dipped in the solution. The contents of the abscess are to be discharged, and some of the above solution injected, care being taken that the injected liquid has a free issue. The end of a caoutchouc tube is introduced into the wound, having a thread attached to it to facilitate its removal, and it is then covered by a thick layer of charpie, impregnated with a solution of carbolic acid twenty-five parts, glycerine twenty-five parts, and water one thousand parts. Finally, over all is laid a layer of gummed silk. At the end of twenty-four hours the tube is removed in order that it may be cleansed and shortened, when it is again covered with the charpie moistened with the weaker solution. Under this treatment the amount of suppuration is diminished, the redness of the wound becomes insignificant, and the cicatrices which result are much less apparent. Dr. Lucas recommends this procedure especially in abscess of the breast.—*Med. and Surg. Jour.*, Jan. 7.

## TREPHINING THE ILIUM IN PSOAS ABSCESS.

In some cases of psoas abscess, after an incision has been made in the neighborhood of Poupart's ligament, the discharge of pus is more or less obstructed when patients occupy the horizontal posture. In these cases, when fluctuation can be felt in the loin, or when a probe passed through the incision in a backward and upward direction can be distinctly felt in the lumbar region, it is recommended to make a counter-opening in this situation. Where, however, neither fluctuation nor the tip of the probe can be felt in the loin, Fisher recommends trephining the ilium, and has practiced the procedure in one instance. The patient, a man of twenty-four years, had a large psoas abscess on the left side, which had perforated into the hip-joint. After an incision in the groin, under antiseptic precautions, a large amount of pus was evacuated. The discharge continued quite free, but the abscess never seemed to empty itself completely, and fever not subsiding entirely, it was deemed advisable to make a counter-opening in the flange of the ilium. The patient's great emaciation enabled the operation to be performed easily; after incising the soft parts and tying a branch of the superior gluteal artery, a hole one-half ctm. in diameter was cut through the ilium, and quite a quantity of pus evacuated. The discharge continued to flow freely through this opening, none passing out of the incision in the groin. Later a drainage-tube was introduced through the second opening. For a while the patient

improved, but a bedsore formed over the sacrum, infiltration in the apex of of the right lung made rapid progress, and, after several months, death occurred from exhaustion. Post-mortem examination revealed extensive tuberculosis of the lungs, with caries of the ninth, tenth, and eleventh dorsal vertebræ, and disorganization of the left hip-joint; a small fistulous track remained as residua of the previously existing extensive abscess-cavity. Fisher thinks that the counter-opening in the ilium with subsequent drainage did all that could be expected of it, and that the operation is entirely justified under similar conditions. So far as he knows, it was the first time it was ever performed with this object in view, and he therefore recommends it for further trial.—*Med. Chirurg. Rundschau*.—*Cin. Lancet and Clinic.*, Dec. 24.

### NEW OPERATION FOR EXSECTION OF THE INFERIOR MAXILLARY NERVE IN THE SPHENO-MAXILLARY FOSSA.

At the Hospital of Oral Surgery an operation for this exsection was practised by Prof. GARRETSON at his clinic, November 19, in a manner which, in the ease and certainty of the performance, places the matter in an entirely new position and converts complexity into simplicity.

After making the required trapway by dissecting the masseter muscle from its attachment to the ramus of the lower jaw, a cylindrical drill half an inch in length and the same in diameter was inserted into the mandril of a powerful surgical engine; and by it in revolution to the extent of five thousand times in a minute, the nerve was quickly laid bare to its place of entrance into the bone at the posterior dental foramen. Next, the opening being enlarged until the pterygoid muscle was fairly exposed to view, the nerve was cut at the site of its inferior exposure, and, being lifted from its bed and held on the stretch, the handle of a scalpel was made to isolate it to the point of emergence at the base of the skull. It was there excised, a pair of delicate iris scissors being used.

The ease with which this most complex operation is performed after the manner described requires to be seen to be appreciated. The impression produced on the large number of students and medical gentlemen present was marked. It will surely divest the operation of the fear and hesitation always felt by the surgeon undertaking it.—*Editorial in Medical Times*, Dec. 17.

### THE FREEZING CURE.

By means of freezing, parts may be rendered wholly insensible to pain, so that slight surgical operations may be easily performed. When the freezing is long continued the frozen parts may lose their vitality entirely, which will cause them to slough away. By this means, excrescences, as warts, wens and polypi, fibrous and sebaceous tumors, and even malignant tumors, as cancers, may be successfully removed. Small cancers may sometimes be cured by repeated and long-continued freezing. Their growth may certainly be impeded by this means. A convenient mode of application in cancer of the breast is to suspend from the neck a rubber bag filled with pounded ice, allowing it to lie against the cancerous organ.

Freezing may be accomplished by applying a spray of *ether*, by means of an atomizer, or by a freezing mixture, composed of equal parts of pounded ice and salt, or two parts of snow to one of salt. Mix quickly, put into a gauze bag and apply to the part to be frozen. In three to six minutes, the skin will become white and glistening, when the bag should be removed. Freezing should not be continued longer than six minutes at a time, as the tissues may be harmed, though usually no harm results from repeated freezing if proper care is used in thawing the frozen part. It should be kept immersed in cool water, or covered with cloths kept cool by frequent wetting with cold water, until the natural feeling is restored.

Felons may often be cured, especially when they first begin, by freezing two or three times. Lumbago and sciatica, as well as other forms of neuralgia, are sometimes almost instantly relieved by freezing of the skin immediately above the painful part. We have cured some obstinate cases of sciatica by this means after other remedies had failed. (Dr. J. H. Kellogg), in *Physician and Surgeon*.—*Indep't Pract.*, Jan.

### INJURY TO THE SKULL.

[In connection with the case of fracture of the skull, published to-day, we insert a letter clipped from the *Lancet* detailing a case exceedingly interesting in this connection, with the editor's comments thereon.]

"A gentleman, four years ago, proceeding at a rapid pace, tripped and fell heavily from the top to the bottom of a flight of stone steps, receiving a deep wound over the left external angular process of the frontal bone. He was picked up unconscious, and remained in a semi-conscious state for four days, when he was able to be removed to his home from the hospital to which he was at first conveyed. On his return home he again lapsed into a semi-conscious state, but again recovered gradually. At this time he was informed that there had been no fracture of the skull. However, since the accident he has been completely deaf on the right side, and there is a constant dropping of a perfectly clear, watery fluid from the left nasal cavity, twenty to thirty drops falling in the minute, and this without any cessation. If he hold himself with the head well thrown back the flow is diminished, as when in bed, and *vice versa*, a stooping posture increases it. There is no increased lachrymal secretion, I may mention, observable, and the patient himself says that the flow appears to him to come 'from the inner side and behind the eye.' Local astringents have been tried without any effect. Besides the extreme discomfort it occasions, it prevents him from following his profession almost entirely. If any of your readers could inform me of or suggest any remedy likely to prove of benefit they would much oblige."

This case presents features of great interest; the fluid discharge is either cerebro-spinal fluid draining through a fracture in the cribriform plate of the ethmoid bone, in which case it will be found to contain a minute trace of sugar, or it is a watery fluid excreted from the lining of the nose or one of its adjoining cavities. Such a case was described by Sir James Paget in the *Clinical Society's Transactions*, where after death a polypus was found in the antrum. This specimen is now in the Hunterian Museum. We trust "Surgeon" will have some of the fluid collected and analyzed, and report the result. The deafness evidently indicates some serious nerve lesion.—(Ed. *London Lancet*)—*Boston M. and S. Jour.*, Dec. 29.

### NEW SURGERY IN VIENNA—ANCHYLOSIS FOR INFANTILE PARALYSIS.

Some cases recently operated on by Prof. ALBERT have excited a good deal of interest. Struck by the fact that many subjects of infantile paralysis are condemned to the life-long use of more or less complicated apparatus to compensate for the loss of rigidity in the lower limbs, and that the poor cannot get such instruments, he has attempted to increase the use of the legs by operation. He excises the knee and ankle-joints, and thus obtains bony ankylosis between the femur and tibia, and tibia, fibula, and astragalus. The rigid lower limbs in walking are swung forward by the adductor and great flexor muscles of the hip-joint, which generally retain or cover their power. This treatment has already been carried out in four cases, and a fifth is now preparing for operation.—*London Lancet*.—*Louv. Med. News*, Jan. 28.

### EFFUSIONS OF BLOOD AT THE FOLD OF THE ELBOW.

An account of this condition is not found in the current text-books. Dr. CHARVOT (*Revue de Chirurgie*) relates six cases of this kind, and observes that this disease may give rise to errors of diagnosis. He concludes his account of the cases with the following statements:

1. Injuries which affect the elbow directly, such as contusion, dislocation; or indirectly, such as a sprain or diastasis, frequently give rise to considerable effusion of blood throughout the whole of the upper limb, and especially at the fold of the elbow. 2. These extravasations of blood appear to arise from rupture of the vessels around the joint. 3. The effusion of blood is not always completely absorbed, and is transformed in fibrinous clots, occupying the antero-internal aspect of the fold of the elbow in front of the articulation, and in the substance of the brachialis anticus. 4. The resulting tumor is as large as an egg, unequal, of cartilaginous or even osseous hardness. At first it is independent of the bone, but subsequently it may become attached to the humerus. 5. Thus, the effusions of blood which partly fill up the coronoid cavity may interfere with the movements of the articulation, and considerably limit flexion. 6. They generally remain stationary for a long time, and are but little influenced by ordinary treatment. 7. Finally, they may give rise to errors of diagnosis, and may be mistaken for exostoses of the humerus, or tearing away of the coronoid apophysis, etc.—*Med. Record*, Jan. 21.

### VOLUMINOUS DERMOID CYST OF THE ABDOMEN.

Drs. SEWELL and MILLER report a case of voluminous cyst filled with solid matter, and occupying almost the whole of the abdomen. Upon post-mortem examination the growth was found to be so intimately united to the rectum and bladder that these organs seemed to form an integral part of its walls. Recent and old adhesions, due to peritonitis, united the cyst to various portions of the intestines. The other viscera were normal. Removed from the abdominal cavity, the cyst presented the shape of a flattened pear. The small extremity of the growth was situated between the bladder and the rectum. The dimensions of the cyst were as follows: length, 13 inches; width, 10 inches above and 4½ below; thickness, from 4 to 8 inches. Examined under water, small hairs were seen projecting across the opening of the cyst. The contents of the growth had a rancid odor, the aspect of a mixture of fat and hair, and the consistency of soap. At one extremity of the cyst the walls closely resembled the lower layers of the chorion of the skin; they contained glandular elements and capillary networks of blood-vessels and lymphatics.

This resemblance was confirmed by microscopical examination, which revealed the presence of an epidermis and various layers of the derma with hair-follicles, of which some contained hair, a large number of sebaceous, but no sudoriparous glands. Chemical analysis showed the growth to be composed of 99.75 per cent. of fat and fatty acids. This is a very remarkable and rare specimen of a cyst developed in the abdomen of a man, and is probably unique in regard to its volume. Dr. Wilkes mentions an analogous case of dermoid cyst similarly located, occurring in a man aged twenty-one. Dr. Curling had occasion to treat this patient later, removing from the bladder a soft phosphatic calculus, the centre of which was composed of small black hairs. Lebert reports ten observations of non-ovarian cysts found in deep parts of the body, and several cases are also alluded to by Blackman.—*Archives Générales de Méd.—Cin. Lancet and Clinic.*, Jan. 7.

### ONYCHOGRYPHOSIS.

S. POLLAK, M.D., St. Louis, reports the following case: Mrs. W., æt. 26, wife of a farmer, mother of three children. Abnormal condition of *finger nails*. The nails, at the matrix, were of normal width, thence they became

gradually narrower and somewhat thicker, until they ran out into a sharp point, slightly curved downward, resembling more the toe of a domestic hen than anything else I can compare it with. The nails were of ivory hardness. They could not be pared with knife or scissor. They kept on growing until the projection beyond the tip became considerable, interfering seriously with the use of the fingers, scratching and bruising herself or anybody else when brought in contact with her fingers. Though accustomed to and daily engaged in hard work, yet her hands were beautifully shaped, mignon, with long, tapering rose-tipped fingers. The skin of hand and fingers was very thin, rose-colored and very sensitive to cold and moisture. They never chapped, and had no eruption, but felt cold and clammy. This condition was gradually developed within two to three years. She was otherwise healthy; family record good; no eruptive diseases ever known there. Finding that knife and scissors made no impression upon these nails—that even with bone pliers I had no better result—I resorted to the cold chisel, anvil and hammer. It required strong and repeated blows ere I could knock off the offending sub-curved nail-points. I wrapped each finger and thumb with lint, soaked in glycerine, advised bathing the hands in a solution of tannin and glycerine for a long time, and to keep them always-gloved. *Fowler's solution of arsenite of potass.*, five drops three times a day, was prescribed. For the first time in over five years I had the opportunity of seeing Mrs. W. lately. Not a trace of the old trouble present; hands, fingers, and nails perfectly normal. She informed me she had persevered over two years in the above treatment, and even now takes occasionally her accustomed dose of arsenic.—*St. Louis Courier Med.*

#### CURIOUS ACCIDENT AT THE PARIS ELECTRICAL EXHIBITION.

The *Scientific American* quotes from a letter to the *London Times* an account of an extraordinary occurrence at the great Parisian Electric Exhibition. A gentleman was explaining a Brush dynamo-electric machine, when part of the conducting wire was not insulated and was lying on the floor. He touched the stand of a lamp which formed part of the conducting system. His body then formed a connection through the ground to the naked wire, and contracted his muscles so as to cause his hand to clinch the lamp. Ten lamps were in circuit at the time, and so much current was passed through him that eight of them were extinguished. He was powerless to unclasp his hand. Every muscle in his body was paralyzed. His face was distorted; his lungs were so acted upon that he could scarcely breathe. He could only utter a faint and unnatural cry. The workmen in the place fled from the workshop, believing that some explosion was about to happen. A friend came up and tried to unlock his hand. It was impossible. He then lifted his legs from the ground. This broke the circuit and his hands were released, while burning sparks flew to his hands in the action of breaking the circuit. He was insensible, but has since then greatly recovered, and has devised an improvement to the lamp which will prevent a recurrence of such an accident.—*Pacific M. and S. Jour., Dec.*

#### INJURY BY A REAPING MACHINE.

CHAS. SMITH reports a notable triumph of conservative surgery in a case of a boy, æt. 13, who fell from the seat of a reaping machine, and was caught by the knives about an inch above the ankle-joint. At least two movements of the knives were made before they could stop the horses, and it was found on examination, that they had caught the leg posteriorly, dividing the tendo Achillis, both bones and all the vessels except the anterior tibial, and possibly some branches of the anterior peroneal; four-fifths of the entire circumference of the leg was divided, only a strip of skin with the flexor-tendons of the foot, and the anterior tibial artery remained undivided. Though it seemed a hopeless endeavor, at the earnest request of the parents, an attempt

was made to save the foot. After tying the wounded arteries, the foot was put up in well padded gutta-percha splints, with a simple water dressing.

The case progressed favorably, and in six months after the injury he was able to get about. At the time of report (five and one-half years after the accident), he walks with a slight limp, but can walk any distance, or follow the plough all day without discomfort. The foot is smaller than the other, and the tissues at the back of the leg are hard and matted together, and there is practically no motion at the ankle-joint. Dr. Smith thinks that the result of this case warrants the conclusion, that in the case of injury of such sort in young subjects, an attempt should be made to save the part, if any vessel remains.—*Austral. Med. Jour.*—*St. Louis Cour. Med.*

### IGNITION OF ETHER AT AN OPERATION.

At a clinic held recently by Professor Briggs, at the University of Nashville, Tenn., and during the etherization of a patient for the removal of a glandular tumor of the parotid, the vapor caught fire from the flame of the alcohol lamp of the spray-producer, and the clothes of the patient were ignited. Fortunately neither the patient nor attendants were injured, the flames having been speedily extinguished by the operator. Taking into account the number of times it is necessary to administer ether in more or less close proximity to the flame of a lamp, it is somewhat remarkable that accidents such as the one referred to do not occur oftener. In the great majority of cases accident is prevented by the extra precautions taken by administrators of the anæsthetic. Certain it is that the inflammable character of ether is well known to surgeons and the danger of igniting its vapor hardly needs to be accentuated in commenting upon Professor Briggs' case. In this particular instance most of the conditions favorable to the result were present. "The spray-producer was held at the usual distance from the ether-inhaler, slightly below its level, and there was no draught of wind." The patient had been inhaling the ether for some time and the whole surroundings were saturated with the vapor. The vapor of ether being so much heavier than air, is quite likely to be ignited by any flame at a low level. And there is apparently nothing more or less to be said of this case.—*Editorial in Med. Record*, Dec. 24.

### SPONGE-GRAFTING.

A subject of both practical and pathological interest, to which attention is called in the *Edinburgh Medical Journal* for November, 1881, by Dr. D. H. Hamilton, the accomplished pathologist to the Edinburgh Royal Infirmary, is that of promoting the cicatrization of large ulcers and surgical wounds, by accurately fitting a piece of sponge into the deficiency, which, like a layer of fibrinous lymph or a clot of blood, forms a passive porous agent for the building up of a mass of cicatricial tissue. His method, and the result obtained, will be best understood by the following abstract of the first experiment:

A circular ulcer of the leg, which was five inches in diameter, and from half an inch to three-quarters of an inch deep, and the floor of which was still the seat of a small slough of connective tissue, was filled with one large piece and several small pieces of decalcified and carbolized very fine sponge, over which were retained a bit of protective and lint, soaked in a one-to-twenty solution of carbolic acid in glycerin. As there was marked putrefactive odor at the expiration of forty-eight hours, the wound was irrigated with a one-to-forty carbolic solution, and this was continued throughout the progress of the experiment. On the third day the sponge was found to be adhering to the granulating surface; on the fifth day its interstices were filling with germinal tissue, and its edges seemed to be dissolving as it became infiltrated by the new tissue; and from this time onward, the reparative material continued to grow into the sponge. As soon as its framework was

filled, epithelium spread over it; and, at the expiration of five months from the commencement of the experiment, it had entirely vanished, and there was merely a superficial, healthy, granulating surface, an inch and a half in diameter. Hence, in this case, despite the fact that the wound was in a putrescent condition, the sponge, like a blood-clot, became filled with embryonal tissue and blood-vessels, which grew into it from the edges and bottom of the ulcer, and which ultimately caused the sponge to disappear, leaving an organizing mass, out of which the gap was reconstructed.

In the remaining experiments, which were conducted upon ulcers and the large wound left by the amputation of the female breast, the process of healing was equally slow, and this seems to be the only objection that can be urged against the general adoption of the method. On the other hand, it possesses the great advantage of furnishing a non-contractile cicatrix, so that it may be resorted to for the healing of large deficiencies in which a soft and pliant new tissue is deemed desirable.

The conditions essential to the successful performance of sponge-grafting may be summarized as follows:

First. The sponge should be very fine and porous, and be decalcified by immersion in dilute nitro-hydrochloric acid, the excess of the acid being subsequently removed by washing in solution of potassa, and then be rendered antiseptic by steeping it in a five per cent. solution of carbolic acid.

Secondly. The antiseptic sponge should be made to fit the wound very accurately, and should rise a little higher than the level of the skin. It should be kept aseptic throughout the treatment, or at any rate until it is entirely replaced by a healthy granulating tissue, by a piece of protective, and a one-to-twenty solution of carbolic acid and glycerin. If at any time there is a distinct putrefactive odor, the wound should be irrigated with a two-and-a-half per cent. solution of carbolic acid.

Thirdly. The wound itself, at the outset, should be in a healthy condition, although the presence of a certain amount of foul slough is not a bar to success, as we have seen in the abstract of the first experiment.

Dr. Hamilton thinks that a solid framework for the formation of new bone after operations for necrosis may be found in charcoal or calcined bone. In view of the startling results obtained by the insertion of sponge amid living tissues, which tend to overthrow the old theory of the pernicious action of all foreign bodies when retained in wounds, the suggestion is worthy of adoption, and we trust that we may soon hear that it has been submitted to practical tests by hospital surgeons.—*Medical News*, Jan. 28.

#### CASES OF SPONGE GRAFTING.

Dr. THOMAS SANCTUARY HAYLE, Cornwall, England, (*British Medical Journal*, December 24, 1881,) reports two cases where this procedure was attended by good success. In the first case the side of finger had been shaved off by a plane; in the second there was loss of substance of a penis subsequent to an operation. In each case fine Turkey sponge was applied to a healthy granulated surface, followed by firm adhesion in four days; gentle traction then causing much pain, and the sponge could not be detached without lacerating the tissues. In three weeks a thin blue surface of new tissue covered the edges of the sponge. In both cases the sponge was permeated by blood-vessels by the fourth day. The object of grafting was, in the first case, to restore shape to the finger, and the second to prevent the awkward results of cicatricial contraction of the penis.—*Chicago Med. Rev.*, Jan. 15.

#### SUCCESSFUL SKIN GRAFTING.

The *Paris Médical*, November 19th, 1881, reports the case of a man, thirty-seven years old, who for over six years had suffered from a varicose ulcer on the left leg. Every form of treatment had been resorted to without benefit. While in the hospital he begged of Dr. de Lamallée to make one more



effort in his behalf. The idea of skin grafting then suggested itself to the physician. The ulcers was 14 centimeters by 8. On this six grafts were applied, taken from skin off the abdomen of a young live rabbit, the hair having first been shaved off. Besides these, two other grafts of skin from the patient's forearm were also applied, and the parts were dressed antiseptically.

After eight days the dressing was removed, and it was found that the six animal grafts had fully taken; they were surrounded by healthy granulations; but the human grafts had not been successful. The dressing having been continued another eight days, inspection showed that the grafts formed a patch of healthy skin in the centre of the ulcer, 10 by 7 centimeters. After another week of antiseptic dressing, cicatrization was complete, and when the patient was again seen, two months later, he was entirely cured, and no rabbit hair had grown on the new skin.—*Med. and Surg. Rep.*, Jan. 28.

### VASCULARIZATION IN SKIN GRAFTING.

Dr. BERGER (*British Medical Journal*, November 5, 1881), advocates a method of exciting the vascularisation of the flap before cutting it, by covering the skin either with a mustard plaster, or with warm poultices. He claims marked success from this method.—*Chicago Med. Rev.*, Dec. 20.

### IODOFORM AS A DRESSING FOR WOUNDS.

MIKULICZ (in *Wiener Med. Wochenschrift*, 1881, No. 23) gives results of the use of iodoform in Billroth's wards. He claims that it is in antiseptic qualities equal to carbolic acid, is more easily used, and less apt to cause constitutional disturbance by absorption. Symptoms of poisoning are, however, seen in rare cases, and in the *Deutsche Med. Woch.*, 1881, No. 34, A. Henry describes two fatal cases. The symptoms are of the narcotico-irritant type.

In open wounds the iodoform is sprinkled on the surface and covered with lint and guta-percha tissue, fixed by a bandage. The results have been very satisfactory; the dressings require changing but seldom, discharge is slight, decomposition never occurs, and there is rapid formations of healthy granulations. In incised wounds healing is even more certain than with carbolic acid, and there is much less fear of absorption causing constitutional disturbance.

Wounds implicating mucous surfaces, as of the mouth or rectum, are usually very difficult to treat antiseptically. In such cases iodoform, applied on gauze compresses, has been found to completely prevent offensive smell, and to cause no discomfort to the patients.

In a case of removal of an abdominal tumor iodoform was sprinkled into the cavity, and the wound closed at once. The patient recovered without a bad symptom.

In septic, gangrenous, or sloughing wounds the results were especially satisfactory. Sprinkling with iodoform removed all smell in from four to six hours, and the wounds healed rapidly and without discharge, even in some cases where severe constitutional symptoms had already appeared.

In strumous diseases iodoform is said to give such brilliant results as almost to entitle it to the rank of a specific. (See also V. Mosetig-Moorhof in *Wien. Med. Woch.*, 1881, No. 13.) Fungating ulcers with spreading undermined edges and offensive discharge healed rapidly and completely under a thick layer of iodoform.

In lupus also its effects are gratifying. Riehl (*Wien. Med. Woch.*, 1881, No. 19) gives the results of twenty cases in Kaposi's clinique. The epidermis, when necessary, having been removed by the application of five to ten per cent. solution of caustic potash, the iodoform is laid on in a layer several millimetres thick, and fixed as above described. On removal of the dressings in from three to eight days the disease is found completely removed, redness and swelling gone, and the sore skinned over.

In deep wounds, when the powder would be difficult to apply, Mikulicz recommends pencils composed of one part of iodoform to two of cacao butter,

and for injection a twenty per cent. ethereal solution. The smell of the drug can be overcome by adding one minim bergamot to ten grains of the iodoform, or moistening with an ethereal or alcoholic extract of Tonquin bean. Local irritation can be effectually prevented by previously oiling the sound skin near where the iodoform is to be applied.—*Centralbl. f. Chir.*, 1881, Nos. 32 and 39.—*Boston Med. and Surg. Jour.*, Jan. 26.

#### ESMARCH'S PERMANENT ASEPTIC DRESSING.

The eminent surgeon, Esmarch, has carried asepticism to its logical conclusion, maintaining that if a wound is once well and completely dressed antiseptically, it should heal without much further attention, and that changing the dressings is merely incurring new dangers needlessly. The method has stood this test wonderfully. In one of his recent addresses, Prof. Lister himself said of Esmarch's plan:—

I cannot forbear making a passing allusion to the extremely remarkable results which have been related by Professor Esmarch, as obtained by his permanent dressing—results so surprising that they would be incredible were it not for the perfect trustworthiness of the authority that vouches for them. And I would ask those who advocate mere cleanliness, as distinguished from antiseptic practice, how they can reconcile their views with facts such as these? What can be more dirty, in the ordinary acceptation of the term, than a wound left covered up with the same dressing for weeks together, the original blood and serum remaining upon it intact under this “Dauer-Verband?” Yet it is surgically clean, because it is aseptic. On the other hand, the æsthetically cleanly water-dressing is surgically dirty, because it contains elements which give rise to septic changes in wounds.—*Med. and Surg. Rep.*

#### CREASOTE AS A DRESSING.

This substance was especially recommended by Inspector General Mouat, member of the Section of Military Surgery at the International Medical Congress. He remarked of creasote that it does not volatilize, and the only objection to it is that it is not easy of solution. But that was easily overcome by using it in a mixture of acetic acid and mucilage, which is readily retained in water; and it retains its powerful odor in all circumstances. About forty years ago, he had occasion to perform an operation in very unusual circumstances. A soldier had been carrying a musket on his shoulder, and the lightning struck the musket and exploded it, twisted the barrel into a coil, and shattered his hand into portions. He amputated the hand with the flap in the usual way. The next day, he saw maggots in the wound. He used creasote to remove them, and had some difficulty in making the solution, until he overcame it as just stated. The result was that the maggots at once disappeared from the wound, which took on a healthy action and healed by first intention in eleven days. Twenty-five years afterward, the same thing happened in the Crimea, at the assault on the Redan. All the amputations were affected with maggots. He at once applied creasote, and the wounds took on healthy action, and they found subsequently that when a dressing was soaked with this creasote solution, the flies immediately left the dressing.—*Med. and Surg. Rep.*, Jan. 7.

#### RESISTANCE OF HUMAN LIMBS TO THE WEIGHT OF RAILROAD CARS.

As we so often hear the boast made by so-called conservative surgeons that they have saved limbs over which loaded cars have passed, let me say a few words upon the subject. I subjoin a table giving the weights of cars:

An empty gondola or platform car, weighs from 17,000 to 20,000 lbs.

An empty box car weighs from 17,000 to 24,000 lbs.

A coach weighs from 30,000 to 40,000 lbs.

A locomotive weighs 80,000 lbs.

A single pair of car wheels alone weighs 500 lbs.

When a car wheel passes over an object which lifts it up, as is the case when it runs over an arm or leg, it is estimated by those who are best able to judge, that one-third of the entire weight of the car rests upon that object. How absurd it is to think that any human limb will sustain such a weight and retain its vitality. Any surgeon who has seen a limb which has been traversed by a car wheel, knows that it cannot be saved. These are the plainest cases for amputation with which we have to deal. Sometimes the limb is entirely separated from the body, but generally it still holds by shreds of skin and tendon. Any one who has ever seen such a limb knows at once that it is lost. To cut it off at once is humanity as well as good surgery. And yet it is not uncommon to hear young surgeons boast of having cured a limb over which a car wheel has passed. It is not uncommon for a patient with a limb injured in a railroad accident to declare that the wheel passed over the part. But the victims of accident are not often good witnesses of the occurrence; they are dazed or stunned, and often have little idea of what has transpired. But if they were the most reliable witnesses in the world their statements should not be believed, when it is at variance with the laws of force and resistance, which are a part of the laws of nature. And to believe that these laws are set aside or suspended, is to believe that a miracle has been performed.—J. B. Murdoch, *Pittsburgh Med. Jour.*

#### "OPEN METHOD" OF TREATING AMPUTATION WOUNDS.

PROFESSOR JAMES R. WOOD (Bellevue Hospital), continues to obtain the most remarkably satisfactory results from the "open method" of treating amputation wounds; of which method he is the leading and ablest advocate in America. Briefly, this method is as follows: The vessels are secured by carbolized silk ligatures, the opposing surfaces of the flaps are anointed with balsam of Peru; a pledget of charpie, smeared with the balsam, is placed deeply back in the angle of the flaps, and, if desirable, the flaps may be gently approximated with a single strip of adhesive plaster; no sutures are used. The charpie is removed, the wound irrigated with carbolic lotion, afterward freshly anointed with the balsam, and fresh charpie introduced, as often as may be required, this depending upon the amount and character of the suppuration; usually, every twenty-four or forty-eight hours. By the end of the second week, even in the largest amputations, suppuration has diminished to a minimum, the flaps are covered with healthy granulations, the further use of charpie and balsam may be omitted, and the flaps may be united by a few sutures, union progressing most rapidly.

Contrary to what might be expected by one who is not familiar with this method, instead of delaying the ultimate healing, by pouring balsam of Peru over the flaps, and interposing between them the pledgets of charpie, this result is greatly hastened; and it is accomplished by the free and perfect drainage obtained by this method, allowing every particle of pus to drain away as soon as formed. It has actually seemed to the writer that the stumps thus treated heal without inflammation; it is true that suppuration occurs, but it seems to be of a different grade from that which takes place in stumps treated by the closed method, and to be unaccompanied by the evidences of inflammatory action, which characterize the latter. The time required to complete the process of union is much less than by the closed method; suppurative fever is reduced to a minimum; abscess, erysipelas and pyæmia, are accidents which are unknown, in connection with the "open method," and two hundred, and more, cases, including all the largest amputations thus treated, have all recovered.—(N. Y. Correspondent) *Med. Herald, Jan.*

## TREATMENT OF PAINFUL CALLUS.

PROF. GOSSELIN, of Paris, observes that when the pains which have their seat in the callus of a fracture are of a neuralgic origin, we should treat them by blisters or cutaneous revulsives, and especially by the tinctures of iodine. Hot or cold douches, or sulphurous douches, or frictions with a chloroform liniment may also be had recourse to. Finally, a roll-bandage with wadding is of undoubted utility, diminishing the pain sensibly by saving the limb from the little shocks which keep up the painful condition.—*Cin. Lancet and Clinic, Jan. 7.*

## RODENT ULCER AND EPITHELIOMA.

Rodent ulcer and epithelioma are undoubtedly closely allied affections, though rodent ulcer differs in some important respects from epithelioma. It does not affect lymphatic glands while epithelioma does, and often at an early stage of the disease. It is a rather dry ulceration with only a little secretion and no fetor, and the granulations are small. In epithelioma the secretion from the ulcerated surface is abundant and fetid, and the granulations large, exuberant, and often in bosses. Rodent ulcer is confined to the upper part of the face, while epithelioma has a preference for certain localities, and may under certain conditions attack any part of the body. The points of resemblance between rodent ulcer and epithelioma are: Both rodent ulcer and epithelioma are new growths, composed mainly of epithelial cells; and the new growth is only partly involved in the ulceration. As the growth increases and includes more of the skin and deeper tissues, so the ulceration continues to extend; but the ulceration does not go beyond the new deposit.

On one point I am quite settled, that rodent ulcer, if left, will in time so change its character as to become true epithelioma. I can not say whether this change is due to a mere progress of the disease, or whether it is that rodent ulcer is peculiarly apt to have superadded to it the characters of epithelioma after the same manner as that of old standing ulcers, unhealed wounds or scars, or other simple sores that become epitheliomatous.—*Lawson, Ophthalmic Hospital Reports.—Louv. Med. News, Dec. 3.*

## TREATMENT OF COMPOUND GANGLION.

At a recent meeting of the Société de Chirurgie, M. Notta mentioned a case where one of these tumours occupied the palm of the hand, extending above the wrist. He made three incisions, from which a large number of small granular masses (grains hordéiformes) escaped. Rubber tubing was inserted into the palmar wound and brought out through the incision in the forearm; this was removed next day; the progress of the case was slow and ultimate cure obtained about four months later.

M. Verneuil remarked, in the discussion which followed, that he was formerly timorous of operating in such cases, but that at present, with anti-septic precautions, he had obtained permanent cure after free incisions, in two cases, at about the twentieth day.

MM. Desprès and Trelat, were of opinion that complete cure was obtained in these cases only after suppuration; that union by first intention was to be condemned, for the cystic cavity should be filled up by slow cicatrization.

M. Nicaise remarked that in M. Notta's case, as in his own, there was a great number of riziform bodies and little liquid; he observed that the tendons were atrophied, and some even dissociated. Perhaps the intense pain remarked in M. Notta's case, was due to the injection of a twenty per cent. solution of carbolic acid.

M. Lucas Champonnière agreed that the pains were due to the injection of the carbolized solution, as such is the case when it comes in contact with a large exposed surface.

M. Notta replied that he had noticed fringe-like processes on the tendons in his case, but he considered the pain as due to the tube inserted, as it disappeared when this was withdrawn.—*Med. and Surg. Rep.*, Dec. 24.

### TREATMENT OF CYSTS.

E. SCHILLING (*Allg. Med. Central Zeitung*) recommends, for the removal of cystic tumors where the cyst-wall is so thin that it cannot be removed by the knife without great difficulty, injections of solution of chloride of zinc (one part to five parts of water). The cyst is first opened by means of a long incision, and, the soft contents having been squeezed out, a few drops of the solution of chloride of zinc are injected by means of a syringe. The reaction is slight. In one case Schilling squeezed out the macerated cyst without difficulty at the end of six days.—*Med. Times*, Dec. 3.

### CYSTIC TUMOR.

Clinic, Prof. Aschhurst, Univ. Penn. :—

Case.—We have, in this case, an example of the difficulty of diagnosing between a fatty tumor and a cyst, especially if the latter be thickened-walled and deeply-seated. The diagnosis is much influenced by the position in which the growth is found; thus, in those parts of the body in which fat is most developed, we may expect to find fatty tumors. Cysts may occur in any region of the body, often originating from distention of ducts or sacs; they are very common in the scalp, which is the favorite seat of sebaceous cysts. Fatty tumors may, however, occur in the scalp, and I have known them to be mistaken for cysts. In the present case, the growth, which you see is as large as a female breast, being situated deep beneath the muscles of the side, and rather doughy than fluctuating, presents many points of resemblance to a mass of fat.

In the removal of non-malignant growths, it is best to avoid the removal of any skin, and a curved, or S-shaped incision should be made, in order to expose the growth well, without at the same time making a very large wound. In malignant growths adherent portions of skin should be sacrificed, since, if allowed to remain, they but encourage a return of the growth.

The most difficult part of the operation is the removal of the cyst walls, which are often, as in this case, very thick, and have to be carefully dissected out.

At times, cysts may cause absorption of neighboring bone tissue, from pressure; this is often the case with the congenital cysts of the head, where they cause thinning of the skull at the point of pressure, sometimes leading to the most serious results. The present growth, which seems to be one of long standing, has sent processes between the ribs, which processes we will not dissect out, for fear of perforating the thoracic cavity, but will wash the floor of the wound with a solution of chloride of zinc, which will cause the sloughing out of any portions of the cyst wall that may remain, and give us a healthy granulating surface.

The French have a method of diagnosing fatty tumors by means of the ether spray; the intense cold produced by the application of this to the growth will, if it be a fatty tumor, cause its septa to contract, and thus increase its characteristic lobulated appearance.—*Med. and Surg. Rep.*, Dec. 24.

### ELECTROLYTIC TREATMENT OF MALIGNANT TUMORS.

PROF. SEMMOLA, of the University of Naples, had intended to read a paper on the use of electricity in the local treatment of malignant tumors at the late meeting of the International Medical Congress. He was unable, however, to attend, but the subject, although not new, possesses so much interest

that the facts he intended to record are worthy of notice. His experience has gained in the treatment of six cases—one of epithelium of the right breast the size of an orange, a fibro-sarcoma of the right breast, two cases of sarcoma of the right breast, one case of sarcoma of the left breast, and one cysto-sarcomatous tumor growing from the upper third of the arm. In five of the cases amputation of the diseased part had been recommended by experienced surgeons, and the sixth was a case of recurrence eighteen months after the removal of the primary sarcomatous tumor. The tumors are said to have all the clinical characters of malignant growths, and to have been examined microscopically by Prof. Petrone. The needles employed were the steel needles in common use for electrolytic purposes, and they were passed deeply into the tumor, converging toward its center. In his earlier experiments only the negative pole was thus inserted, the positive pole being placed on the chest, but in the later ones he found it beneficial to pass in both poles of the battery. The batteries used were Stöhrer's and Onimus's; with the former the deviation of the galvanometer was  $90^{\circ}$ ; with the latter  $60^{\circ}$  to  $75^{\circ}$ . In small tumors one inserted needle was found sufficient, but Dr. Semmola believes that he has obtained a more settled action. As a rule, passing the needle causes next to no pain or difficulty, but at times small sclerotic foci interfere with their transit. Very rarely did any painful inflammation attack the spots of puncture. The constant current should be used frequently, even three times in the twenty-four hours, and allowed to flow through the new growth for an hour each time. A weak current long continued seem to be better in its effects than a stronger current acting only for a short interval, and it is stated that the former has a greater modifying effect upon the local chemistry of nutrition. While the current is passing the galvanometer oscillates between  $10^{\circ}$  and  $15^{\circ}$ . This shows that there is some modification in the resistance offered by the tissues, and is a mark of the change produced by the current. In one case the treatment was ended in twenty-four sittings, but in another in extended over seven months. In the case of cystic sarcoma after two applications of electricity inflammation and destructive suppuration set in. In none of the cases were the lymphatic glands affected. Dr. Semmola suggests that electrolysis cures malignant tumors in one of three ways—by producing small foci of inflammation with consecutive sclerosis, the tumor being converted into a small, indurated, and harmless lump; by producing a colloid and fatty degeneration, especially in tumors with this tendency; and by exciting destructive inflammation and suppuration of the tumor. Along with this local treatment in all his cases Dr. Semmola has combined the administration of large doses of iodide of potassium with the view of gravely modifying the general nutrition.—*London Lancet*.—*Louv. Med. News*, Jan. 7.

#### IODOFORMED LINT.

HAGER (New Remedies), prepares the substance after the following fashion: A solution of iodoform is first made in this manner: Four parts of iodoform are dissolved in a liquid composed of twenty parts ether, forty parts dilute alcohol, and one oil of fennel. To the solution of iodoform thus made, ten parts of glycerine are added. Ten parts of lint and fifteen parts of this glycerinated solution of iodoform are kneaded and triturated together in a mortar until thoroughly incorporated. The mixture should be made only a short time before being required, and then picked apart and exposed to the air that the ether, etc., may evaporate. A preparation of this kind would be of value in many surgical cases.—*Chicago Med. Rev.*

#### MALIGNANT PUSTULE.—HYPODERMICS.

Dr. CHIPAULT claims to have secured good results in the treatment of malignant pustule with the hypodermic injection of tincture of iodine, the solution to be of the strength one part of iodine to two hundred and fifty of

water. From four to ten injections are to be used every morning and evening, around the base of the pustule, till entirely circumscribed.—*L'Union Médicale*.—*New. Eng. Med. Mo.*, Dec.

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#### EXUBERANT AND SPONGY GRANULATIONS.

R. Hydrarg. oxidi rubri., Aluminis,  $\text{ss}$  grs. 60. Make a powder, to be sprinkled over the surface.—*Med. Gazette*.

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### ORGANS OF RESPIRATION.

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#### WOUNDS OF THE LUNG.

In the *Lancet*, October, 1881, p. 748, are recorded two interesting cases of recovery from severe wounds of the lung. Surgeon-Major T. M. O'Farrell's case was that of a porter wounded in the late riots at Limerick. A sword-bayonet entered the right axilla, having first penetrated the muscles of the arm. Immediately his mouth filled with blood, and he felt very faint. When seen, twenty minutes afterward, he was very faint, and complained of great oppression about the chest; his pulse could scarcely be felt, and now and again he gave a short cough, when a stream of blood issued from his mouth. In nineteen days the man was sufficiently recovered to walk about. The case is a good instance of the comparative impunity with which a young and healthy man may receive injuries of so delicate and complex an organ as the lung. Dr. Holmes' case was very singular. A miner, standing at the bottom of the shaft of a mine 225 feet deep, was wounded by a drill that fell from above. The drill measured three feet in length, and weighed eight pounds and a half. The bit of the drill struck his back near the superior angle of the left scapula, emerging in front, on a line with the left nipple, fracturing the sixth rib. The wound was eight inches and a half in length. The drill passed through the man's body almost up to its head. The patient called upon some of his comrades to pull out the foreign body, and two men laying hold forcibly extracted it, considerably tearing, in the process, the lung and flesh. When admitted into the hospital the patient was bleeding freely, and in a fainting condition. Air at every respiration passed, with a gush of blood from each aperture. Sixteen days after the wound, the patient walked out of the hospital to see some street demonstration, and in two months he felt nearly as strong as ever; the lung, however, had shrunk to about two-thirds its natural size.—*Med. Gaz.*, Jan. 14.

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#### OPENING AND DRAINAGE OF CAVITIES IN THE LUNGS.

It is only a little more than a decade since Prof. Mosler, of Greifswald, in Germany, conceived the brilliant idea of combating cavities in the interior of the lungs by surgical means. Although experience has since demonstrated that this procedure is of no avail in consumptive cavities for which it was first employed, yet the operation did this much good, that it called the attention of the profession to the surgical treatment of cavities in the lungs, and indirectly established the fact that such cavities might be opened and drained with comparative impunity. The operation is justifiable in any case where the presence of a gangrenous or ichorous cavity having been ascertained, it is found that, notwithstanding an outlet through the bronchi for a portion of the cavity, it steadily fills up again, the partial evacuation does not relieve the patient, who gradually loses strength and progresses toward a condition

of collapse; a steady or intermittent rise in temperature continues; the infection of the healthy portions of the lung from the decomposed contents of the cavity has commenced, or is evidently about to take place; the breath and expectoration continue fetid; there is absence of appetite; increasing weakness, with or even without fever, etc.—*Amer. Med. Weekly*, Jan. 7.

#### EMPHYEMA.—FREE INCISION VS. ASPIRATION.

A correspondent of the *British Med. Journal* writes: James W., aged seven years, was seized with pleuro-pneumonia, from which he apparently recovered and began to run about. Twenty days after he had been last seen his father came (he lived about five miles in the country) and complained of the boy's breathing becoming more and more embarrassed. The little patient was again seen, and dullness had returned to the left side, the side originally affected, and breathing was more hurried. He was blistered and put on diuretics, but still the symptoms of compressed lung increased, and no doubt was entertained but that he was suffering from empyema; and on September 3d his breathing was forty-five to fifty per minute; pulse so quick that it could not be counted; complexion livid. Thirty-five ounces of pus were drawn off by means of the aspirator, with of course immediate relief to the patient. For two days the little patient improved, but diarrhea, a distress-symptom from the first, still continued. After this, however, he became more restless toward evening, and dullness increased, so that on the seventh day after the operation had to be repeated, and with a result differing from the former only in the quantity (thirty ounces) of pus withdrawn. In thirty-five days the operation was repeated five times, and nearly two hundred ounces were taken from the cavity. After each operation the patient experienced great relief, and improved, though so slowly that it was deemed advisable to make a free incision. This was done between the fourth and fifth ribs, about one inch and a half posterior to the mid-axillary line, and a drainage-tube inserted. The child improved every day after this operation; and a very notable feature in the case, the diarrhea, which had hitherto baffled every attempt to arrest it, ceased.

The wound in the chest-wall soon healed, and when last seen, with the exception of the left side of the chest being flat, the boy looked and felt well.

No antiseptics were used, so that the admission of fresh air into the pleural cavity is not so much to be dreaded as pent-up matter.—*Louv. Med. News*, Jan. 7.

#### REMOVAL OF LARYNGEAL POLYPI.

In an inaugural dissertation quoted in the London *Medical Record*, Dr. Strauss, of Breslau, strongly advocates Voltolini's method of removing laryngeal polypi by means of a sponge, which has hitherto received little favor from the profession. He describes the proceeding as follows: A dry or wet sponge of the size of a cherry-stone or hazel-nut, well fastened to a metal handle, is introduced into the larynx while the patient intones *a*. Here it is held, the laryngeal muscles contracting around it spasmodically until the patient draws a breath, when it is quickly passed between the vocal cords. This proceeding is repeated several times in one sitting. All polypi growing in the larynx, so far as the upper part of the trachea, can be reached by this method. They are broken off or contused, and afterward mortify. This is especially the case with the smallest and most firmly attached ones, which have hitherto been the most difficult to remove. No ill effects have resulted from bleeding or from the detached portions falling into the trachea. Voltolini represents this operation as simple, and without danger. He has performed it fifteen times; in seven cases the polypi were removed at one sitting; in three cases in two or three sittings. In four cases, a longer time was required to remove them.—*Med. and Surg. Rep.*



### SPECIAL POINTS IN OPERATING FOR TRACHEOTOMY IN CROUP.

Dr. WILLIAM M. MARTIN gives the following: 1. That procedure is the best which dispenses with the canula or any mechanical appliance whatever placed within the trachea, and hence the excision method, or separating the wound by wires or threads passed through the lips of the divided trachea, is to be preferred, and appears to be based upon the soundest surgical principles. 2. Tracheotomy proper is to be selected in all exudative inflammations of the windpipe. 3. The low operation is preferable on account of the greater diameter of the trachea at its middle in children, the upper portion of that tube near and at its juncture with the larynx being more contracted in early life; and again, the further down the opening the more apt it is to be lower than the obstructive exudate. 4. The recumbent position of the patient with the neck raised and somewhat extended, offers the easiest posture for operating. 5. An anesthetic is most desirable, and preference should be given to chloroform on account of its less irritating properties.

Being an advocate of an early operation in croup, and the condition of the patient in the first stages being favorable for the use of an anesthetic, this is readily administered, and but a small quantity is required to produce unconsciousness, which state should be just reached; for if reflex action is wholly abolished the surgeon loses the valuable aid of cough in notifying him of blood passing into the trachea, and in expelling it therefrom. In a word, an obtunding of the cutaneous sensibility is all that is required.—*Annals Anat. and Surg.*

### SANGUINEOUS TUMOR OF THE RIGHT VOCAL CORD.

Dr. G. COUPARD reports (*Revue Mensuelle de Laryngologie, d'Otologie et de Rhinologie*), a rare case of sanguineous laryngeal tumor. The patient noticed a change in voice a year before coming under treatment. The difficulty of speech gradually increased during a period of six months, and then remained stationary. The patient enjoyed good health, and experienced no pain in the larynx. He had granular pharyngitis. On laryngoscopic examination the epiglottis was hyperæmic. The true vocal cords were reddened and had lost their normal polish. A bilobate polypus, of a bright red color, without a pedicle, occupied the middle third of the right inferior vocal cord. It was eight millimetres in length and six millimetres broad. The polypus was removed by the forceps, and four applications of zinc chloride restored the cords to their natural color, and the voice to its normal condition.—*Chicago Med. Rev.*, Dec. 20.

### CHRONIC RHINITIS.

In a late thesis on this subject, Dr. Gourjon observes that arthritic rhinitis is very rare in infancy, less frequent in adolescence, and common in the adult. It is especially characterized by the presence at the entrance to the nostrils, of pustules very closely resembling those of sycosis or acne. Herpetic rhinitis, independently of the characteristics which are common to it and the other forms of rhinitis, is distinguished by an extreme tenacity and viscosity of the nasal mucus, "whitish and flabby, like a piece of albumen."

The treatment of simple rhinitis should consist in irrigations of the nasal fossæ and the insufflation of astringent powders.

Constitutional rhinitis, while we employ local treatment, demands an active intervention which tends to modify the general condition.—*Med. and Surg. Rep.*, Jan. 7.

## ORGANS OF CIRCULATION.

### PARACENTESIS OF THE PERICARDIUM.

According to Severi, paracentesis of the pericardium is indicated in simple or rheumatic effusions, seven out of ten operations resulting favorably. When the life of a patient is endangered by the presence of fluid, this operation should be performed, although the pericarditis may be tubercular, associated with chronic pulmonary affections, or with some bloody effusion. Operative interference is emphatically indicated when there is pus in the sac. Pericardial paracentesis is a measure of some gravity, but many of the accidents formerly experienced by physicians are now avoided through the introduction of improved instruments and better methods of operating. Though a palliative measure, which may have to be performed several times, it leads, in some instances to a radical cure.—*La Sperimentale*.—*Amer. Med. Weekly, Jan.*

### CIRROID ANEURISM OF LOWER LIP.

Dr. MRAVLAK exhibited to the N. Y. Soc. German Physicians a young man, aged fourteen, who showed a cirroid aneurism on his lower lip. About ten years ago the patient had sustained a fall, thereby injuring his lip. Inflammation had followed the accident, but no permanent damage had remained. Since ten months the same lip had granually become tumefied, until at present the evidences of cirroid aneurism were unmistakable. Therapeutical attempts had not hitherto been made.

Dr. Jacobi expressed the opinion that operative interference should not be resorted to in cases of this kind. The best results would probably follow the use of the thermo-cautery. It would be well, however, to apply only a moderate degree of heat, and this might bring about the obliteration even of larger and distinctly pulsating arteries.—*Med. Record*.

### TRAUMATIC ANEURISM OF THE POSTERIOR TIBIAL ARTERY.

Dr. JOHN H. PACKARD read to the Phila. Acad. Surgery the history of this case. Joseph D., æt. 11 years, a sturdy well-conditioned boy, was admitted into the Episcopal Hospital October 8, 1881, with the following history:

Two weeks previous he had received a blow on the inner side of the left ankle from a bit of iron thrown by a playmate. The part "swelled a good deal," but the hurt was not thought much of until the day before his admission, when, in his mother's words, "the ankle burst and he lost a cupful of blood." Dr. Packard's attention was not called to the case until four days after the admission, when he found a small pulsating tumor just back of the inner malleolus. The next day he laid the tumor open and applied two silk ligatures, one above and the other below. Three days afterward the bandage became suddenly saturated with blood, and the boy fainted. A compress was firmly applied, and Dr. Packard was summoned. Enlarging the wound somewhat, he found the upper ligature loose, apparently from the cutting through of some areolar tissue included along with the artery. A second ligature was applied, which held until the 18th,—somewhat over forty-eight hours,—when bleeding again occurred in the evening. He then exposed the artery a little higher up, and tied it again at a point about a quarter of an inch above the one previously chosen. After this there was no further trouble; the wound did well, and on the 23d—ten days after the first ligation and five days after the third—both ligatures were found lying loose. Healing progressed very rapidly, and the boy is ready for discharge.—*Med. Times, Dec. 17.*

## INJURIES TO ARTERIES.

Dr. SATTERTHWAITE (*Medical Record*, December 3, 1881), calls attention to the following facts in connection with wounds of arteries: First. That the carbolized gut is not always absorbed, and, indeed, may actually retard the union of a wound. Second. That it is not always easy, even under exceptionally favorable circumstances, to find the site of injury in a vessel that has been opened into. In one particular instance, when the locality of the injury was definitely known within a tolerably limited area, full an hour was consumed before the wound could be found, and then attention was only drawn to it by holding in view the consideration already alluded to. Obviously then, in penetrating gunshot wounds of large calibre, where hemorrhage has occurred, the difficulty of finding the precise site of injury to a vessel would be still greater.—*Chicago Med. Rev.*, Jan. 15.

ARTERIAL HEMORRHAGE IN A CASE OF EXTENSIVE BURN.—  
LIGATION OF THE BRACHIAL ARTERY.

Dr. PACKARD related to the Phila. Acad. of Surgery the case of Hilda A., æt. 18, admitted into the hospital during the service of his colleague, Dr. Hunter, September 7, 1881, having sustained, two weeks previously, severe burns from trying to hasten the kindling of a fire by means of coal-oil. Her body and both arms were terribly injured, and when he came on duty, October 1, the process of granulation was going on slowly, while from the irritability of the stomach there was reason to fear serious involvement of that organ or of the duodenum. This, however, was overcome after a few days, and her condition was greatly improved. On the 4th of November, at his daily visit, the resident surgeon, Dr. Robins, informed him that arterial hemorrhage had occurred from the left arm, and had been controlled by a compress over the brachial artery. On removing this process (the patient being etherized) several jets of arterial blood spouted from vessels opening on the granulating surface at the inner part of the arm. He immediately, with his fingers, broke away the tissues at the inner side of the biceps, so as to expose the brachial artery at the usual point of ligation, when he applied a silk thread. No further bleeding occurred, and the case has progressed since as if no such alarming incident had threatened to interfere with recovery.—*Med. Times*, Dec. 17.

## NEW METHOD OF TREATING SUBCUTANEOUS NEVI.

About a year ago a child aged nine months was brought to me with a nevus about three-quarters of an inch in diameter, filling up the fossa on the left side of the nose. The swelling was entirely subcutaneous, and it was evident that none of the applications which cure the superficial form of the disease would be of any use. The gold needle usually employed in such cases was connected with a battery and introduced into the tumor, but the restlessness of the child (his eye being endangered) made me abandon it. Two lengths of No. 24 silver wire were then passed through the middle part of the swelling, parallel to each other and about a quarter of an inch apart. The zinc and carbon of a Bunsen cell (quart size) were then connected with the ends of each wire separately. The result was great heat in the wire during the short period, one or two seconds, of connection. The ends of the wires were then tightly twisted together, protected by being covered with lint and plaster, and left for the next application, which took place a week later. The current was applied three times altogether. The wires were removed after the third galvanization, and no further treatment was needed. The nevus is now hardly perceptible.

This mode of using the galvanic current in the deeper nevi appears to me to be recommended by its simplicity and freedom from danger. There is less

pain than is caused by the usual introduction of the needles at each operation, and a single cell (bichromate, Grove's or Bunsen's) is sufficient, the only resistance being the fine silver wire.—*Carey Coombs, M. D., in London Lancet. —Louv. Med. News, Dec. 17.*

### COLLOID GOITRE.

A case of extirpation of a colloid goitre is reported by Dr. Richelat, in the *Annales des Mal. du Larynx*, Dec., 1880. The gland was removed through a curved incision with its convexity downward, extending to the common carotid on each side, and passing immediately above the sternal notch in the median line. The trachea was found strongly curved to the right, and slightly flattened from before backward, but not softened or degenerated. It was intimately adherent to the gland, from which it was removed from below upward. There was very little loss of blood during the operation. Silk ligatures, which were first employed, were mostly replaced by catgut ones, and the wound was united by wire sutures. There was severe dysphagia for several days, followed at the end of a week by an attack of bronchitis and tracheitis. The result was complete cicatrization of the wound in the fifth week, accompanied by complete and persistent aphonia.

In Geneva, where goitre is very common, its surgical extirpation is comparatively frequent. It is stated in a report of the Cantonal Hospital, in the *Lancet*, June 11th, 1881, that Professor Reverdin has operated thirteen times for the extirpation of goitre, and Dr. Auguste Reverdin, four times. Out of these seventeen cases three have died—viz., one case of calcified, suffocating goitre; one case of ordinary suffocating goitre; and one case of cancer of thyroid, with thrombosis of jugular vein. Out of the remaining fourteen operations, twelve have healed by first intention, sometimes with little fistulæ lasting for a time, and two have healed by second intention.—*Med. and Surg. Rep.*

### BLOOD CYSTS OF THE THYROID.

M. ONIMUS believes that these can be successfully treated by iodized injection and electrolysis. He relates a case (*Bulletin de Therap.*) in which the tumor was about two inches in diameter. M. Onimus made a puncture, which gave issue to about 150 grams of a chocolate colored liquid. A carbolated injection was then made by the channel: then an injection of a solution of iodide of potassium of ten degrees of strength. There was then introduced into the cystic cavity, filled with this solution, a metallic stem placed in communication with the positive and negative poles of the electric pile, of from 24 to 36 elements, while the other pole was applied on the periphery. There was a little hemorrhage. In a short time the cavity refilled itself, and the tumor was as large as ever. The day after the operation there was an attack of intermittent fever, which was only one of those diathetic reminders pointed out by M. Verneuil. Four weeks later, he discovered that from the size of an apple the tumor had become reduced to that of a nut, and after that time it decreased in considerable proportion. M. Boinet has also related several cases in which he obtained excellent results after puncture, followed by the iodized injection. It is a mistake to believe that the iodized injection is also followed by acute inflammation, for in the cases to which he alluded there was neither inflammation nor suppuration.—*Med. and Surg. Rep.*

### EPISTAXIS.

HARTMANN (*Zeits. fur Ohren.*, Theil x;) warns against the dangers of plugging the posterior nares, especially if perchloride of iron be made use of at the same time. The presence of the tampon is not only, he says, very disagreeable to the patient, but is apt to cause great irritation of the mucous

membrane. If perchloride of iron be used, fresh hemorrhage frequently occurs when the plug is removed, from the tearing of the mucous membrane to which it has adhered. Dr. Hartmann has seen three cases in which plugging of the posterior nares has been followed by inflammation of the middle ear.—*Med. Gazette*, Jan. 21.

### THYROIDECTOMY.

Dr. TERRILLON (*Journal de Médecine et de Chirurgie*, December, 1881,) has recently reported a case in which he performed thyroidectomy for goitre, which had existed for ten or twelve years and which threatened life, having successively produced dyspnoea, dysphagia and a certain degree of aphonia. The operation was performed with Listerian precautions, and the wound pursued a regular course to recovery. The aphonia persisted for quite a while, and it was feared that the recurrent laryngeal nerves had been severed, but the voice gradually returned and recovery was complete. This is the fourth operation of the kind in France; Tillaux, Monod and Terrillon himself having previously operated in one case each. It is only a little while ago that this operation was severely condemned by Velpeau, but to-day, thanks to the antiseptic method and the present hæmostatic measures which surgery possesses, this operation seems destined to have the same history as ovariectomy, as an operation which can be frequently attempted. The influence of the removal of the thyroid body on mentality seems likely to be worth considerable study when this operation shall have become more frequent.—*Chicago Med. Rev.*, Feb. 15.

### TRANSFUSION OF SALINE SOLUTIONS IN CASES OF HEMORRHAGE.

Several years ago Goltz tried to show that in severe hemorrhages the cause of death was not so much the loss of red blood-corpuscles as the emptying the arteries of fluid, so that their cavities were incompletely filled. Dr. E. Schwartz, of Halle, acting upon this view, experimented with dogs, and found that when they were almost moribund from loss of blood the injection of alkaline saline solutions restored them, rapidly raised the blood-pressure and relieved the symptoms. The next thing is to try it on man.—*Med. Record*, Feb. 25.

### HÆMOSTATIC.—CHLORALATED TINCTURE OF IODINE.

The tincture of iodine stands foremost in the list of immediate external coagulants and remedies provoking adhesive inflammation in closed cavities. Injections of iodine may bring about a cure by first as well as by second intention. The former takes place when cure results from one injection, as in ascites, hydrocele, etc.; the second when several injections are necessary, as in atheroma and cold abscesses. Carlo Pavesi (Lo Spallanzani), to further increase the therapeutical powers of the tincture of iodine, adds to it chloral, which dissolves in it without decomposition. The resulting preparation is miscible with water without precipitation. The proportions of its ingredients are: Iodine (very pure), twenty parts; chloral hydrate, thirty parts, spirits of wine (strength thirty-six), one hundred and forty parts. The solution should be filtered, and kept in an emery-polished bottle. The liquid is of a golden color, soluble in water, and has an odor and taste which indicate its ingredients. The chloralated tincture of iodine, on account of its markedly coagulating albumen, is an excellent hæmostatic, and Dr. Pavesi considers it also very useful as an antiseptic and hypnotic.—*Chicago Med. Rec.*, Dec. 20.

## ORGANS OF DIGESTION.

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IODOFORM IN WOUNDS OF THE MOUTH.

The efficacy of the local use of iodoform in tuberculous affections of the joints, and its efficacy in the treatment of wounds where sutures are inapplicable has recently led Prof. Billroth to test its use in wounds near the natural apertures of the body, particularly since antiseptic dressings to these parts have been found unmanageable. From April to October, 1881, 18 carcinomata of the tongue were removed in the Vienna clinic. In some of these cases the third or half the tongue was excised, although in the majority the organ was removed in its entirety. In many of the cases it was found necessary to remove part or all of the floor of the mouth to the hyoid bone. In several cases the submaxillary gland and lymphatics, as well as parts of the soft palate and pharynx, were removed. To render these extensive operations practicable, the inferior maxilla had to be divided and in a number of cases was partially removed. To prevent excessive hemorrhage, and flooding of the field of operation, the operations on the tongue were as a rule preceded by ligature of the lingual and facial.

In all of the 18 cases a complete cure was effected. In none of the cases was there any local disturbance, and in only a few was there any elevation of temperature except during the first few days.

Since the technicalities of the operation had not been altered, these fortunate results must be attributed to the treatment of the wounds with iodoform. The main points of this treatment can be summarized as follows: When after amputation of the tongue and floor of the mouth, the latter communicates with the external wound through which the lingual artery was ligated, a large drainage tube is passed through this opening into the mouth. If the floor of the mouth was not injured by the operation, B. no longer perforates it for drainage purposes. After the operation a piece of iodoform-gauze, six to ten inches in length and one to two inches in width folded upon itself is introduced into the wound and pressed against the surface operated upon. This small piece of gauze suffices to completely and permanently keep the wound from septic changes.

The piece of gauze thus introduced after the operation clings to the wounded surface for from five to eight days. It does not come out spontaneously before this length of time has elapsed and does not interfere with the deglutition of the patient.

The iodoform gauze is prepared as follows: 60 grs. of resin are dissolved in 1200 grs. of alcohol and 50 grs. of glycerine are added to this solution. Into this are placed six yards of gauze from which the excess of solution is to be squeezed out. When this gauze is half-dried 50 grs. of powdered iodoform are dusted upon it.

If the results obtained in these cases of Billroth be compared with those achieved in similar cases in former times, it becomes apparent that in the iodoform we have a powerful means of preventing the septic changes that usually carried off patients who had been subjected to capital operations about the mouth.—Wöfler, *Centralblatt f. Chir.*, Dec. 3, 1881.—*Cin. Lancet and Clin.*, Jan. 14.

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EPITHELIOMA OF THE LIP.

Clinic of Dr. LOUIS A. DUKING, University Hospital, Phila.

A man about fifty years old presents himself with a circumscribed ulcer upon the left side of his lower lip, encroaching somewhat upon the mucous membrane of the mouth. The inner part of the ulcer is covered with a yellowish secretion, while the outer part, or that exposed to the air, is covered with a brownish crust. The patient states that he has had this abrasion for

a period of two years. He had been accustomed to smoke a clay pipe, allowing the pipe to rest especially upon the left side. The habitual use of the pipe had set up an irritation of the mucous membrane of the lip, which, being allowed to continue, in this case, developed into the condition here presented. The lesion being exposed to the air, soon becomes covered with a crust, and in order to arrive at a correct diagnosis, it is always necessary to remove the crust so as to be able to see the true nature of the lesion.

The sebaceous glands are greatly enlarged, they becoming involved very early, or primarily, in the development of this disease.

The diagnosis is generally easy, if we can get at the history. It may, however, be confounded with chancre, yet the indurated base of the latter, together with rapid development, and the absence of pain, is generally enough to distinguish it from epithelioma.

The treatment in this case is obvious; the growth must be removed: the sooner the better. There are several ways to effect its removal—by the knife, actual cautery, or caustic. In the present case, the mucous membrane of the mouth being encroached upon, it is advisable to use the knife.—*Med. and Surg. Rep.*

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### OPERATION FOR THE CLOSURE OF SMALL ORIFICES IN THE PALATE.

The following case, in which a small orifice in the palate leading into the antrum was readily closed, and with very little pain or discomfort to the patient, may be of interest to your readers.

A female, aged fifty-three, applied at the dental hospital on account of an opening into the antrum of oval form, about one-third of an inch in the long and one-eighth of an inch in the short diameter, the result of an exfoliation of bone following the removal of a first upper molar tooth. Bearing in mind the plan suggested by my friend, Mr. F. Mason, for effecting the closure of such openings by the repeated application of nitric acid, I determined to try the effect of the actual cautery, as, in my opinion, less likely to cause loss of tissue than the acid. To this end I employed the thermal cautery at a black heat, or rather, I should say, directly the redness had disappeared. The effect was to cause a little blistering all around the orifice. The process was repeated three times at a period of a fortnight between each, and the orifice is now perfectly closed.—*Alfred Coleman, in the Lancet.*—*Dental Cosmos, Dec.*

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### ADENOID VEGETATIONS OF PHARYNX.

With respect to Adenoid Vegetations of the Pharyngeal Arch, Dr. Neger (Copenhagen) says: "Every case demands extirpation and general treatment by sulphur and iodine. As to the means of extirpating then, the galvanocautery seems to be regarded as the only safe instrument. The growth should never be cut if large. Löwenberg has used the galvanocautery with the laryngeal mirror.—*Paris Med.*—*Va. Med. Monthly.*

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### EXCISION OF TONGUE FOR EPITHELIOMA.

WHITEHEAD reports a case of excision of the entire organ by the galvanic écraseur, in a woman æt. 69. She is now, nine years after the operation, in perfect health, without having had any sign ever of a return of the disease. Her brother had previously died of epithelioma of the lip. Buchanan has recently published a case of a similar interval of fifteen years. Billroth had two patients who had lived, after the operation, five years and seven months, and four years, respectively. A man operated on by Nunneley lived four years and died of an independent disease. Hutchinson has four patients living and well three years or more after the operation. These cases suggest, at least, that if the whole of the disease is removed reasonable prospects of permanent cure may be entertained.—*Lancet.*—*Maryland Med. Jour., Dec. 1.*

### EXCISION OF THE PYLORUS.

We are informed that the condition of the patient on whom Dr. Wölfler operated for carcinoma of the pylorus, exactly half a year since, is in every way satisfactory, no sign of relapse having appeared. It is the fourth case in Dr. Wölfler's book, *Ueber die Resektion des carcinomatösen Pylorus*. This book, we may mention, has already been translated into Russian and Italian, and is about to appear in an English dress, so great is the interest every where taken in this important operative procedure inaugurated in Prof. Billroth's clinic.—*Wien. Med. Woch.*—*Louv. Med. News*, Jan. 7.

### ASPIRATION IN HYDATIDS OF THE LIVER.

In a recent monograph published in London, Dr. Balding records nine cases of hydatid disease of the liver treated by electrolysis or simple acupuncture, and all with good results. It is to be noted, however, that the tumors were all in young persons, and of small size. Also, in several of the cases, fluid evidently escaped into the peritoneum, which, in the case of purulent contents, would in all probability be fatal. He records thirty cases in which, by means of caustics or incisions, a considerable opening was maintained from the first. The results are not favorable, prolonged suppuration having generally followed, with a fatal result in ten cases. He also records a number of cases in which the cyst was punctured with a small trocar. Out of 155 cases, the fluid on the first puncture was clear in 106, thick or purulent in 49. Among the 49 cases we have 26 cures, 20 deaths, and 3 results not stated—the class in which the contents were clear thus showing 81 per cent. of cures, as against 53 per cent. where the contents were purulent. Again, of the 106 cases in which the fluid was clear at the first puncture, in 35 cases the contents subsequently became purulent, while in 71 there was no evidence that suppuration ever took place. Of these 71 cases last mentioned, there were 58 cures, 11 deaths, and 2 results not given.

The conclusions to which Dr. Balding comes, and which are fully justified by the cases, and the statistics he adduces, are as follows: 1. So soon as the tumor is actually felt, establish the diagnosis by the introduction of a fine aspirator needle. 2. Should the fluid be clear, withdraw the greater part or the whole of it, and close the wound. 3. Should the fluid be purulent, introduce a large trocar, leave the cannula *in situ*, and wash out the cavity once or twice daily, maintaining a free opening and keeping the abdomen well bandaged. Several cases recorded by Harley, belonging to this last class, did not do well till a free opening was made.—*Med. and Surg. Rep.*, Jan. 14.

### HEATON'S OPERATION FOR THE RADICAL CURE OF HERNIA.

From a paper read before the surgical section of the Suffolk District Medical Society, November 19, 1881.  
by GEORGE W. GAY, M. D., Surgeon to the Boston City Hospital.

The Heaton method of treating inguinal hernia for a radical cure consists in moistening the fibrous tissues of the inguinal canal and rings with a preparation of white oak bark, and applying pressure by means of a compress and bandage to keep the canal closed, and prevent the descent of the hernia until the contracted tissues become strong enough to support the strain imposed upon them. The originator of the treatment claimed that by this method of "tendinous irritation" a permanent contraction of the fibrous structures was produced, which resulted in a lasting cure of the affection.

The fluid recommended for injection is composed of fourteen grains of the solid extract of white oak bark thoroughly rubbed up with half an ounce of



the fluid extract of the same drug by the aid of gentle heat. The mixture is thick and muddy, and requires thorough shaking before using.

The operation is performed as follows: The hernia having been reduced, and the sac also, if possible, an instrument, resembling the hypodermic syringe, charged with the astringent, is thrust directly down through the skin into the external abdominal ring, and the point of the needle carried up the inguinal canal in front of the spermatic cord to the internal ring. The fluid is deposited slowly while withdrawing the instrument, the point of which is to be moved about in all directions, in order that the astringent may be distributed as evenly as possible throughout the canal. A compress and bandage are applied at once, and worn for a few weeks, when, in the successful cases, the rupture is cured, and requires no further support.

Twenty-four hours after the operation there is usually present some effusion and tenderness in the inguinal region at the seat of injection. The former may remain for an indefinite period, the latter commonly subsides in a few days, except in those unfortunate cases which terminate in suppuration. In some instances no thickening or effusion can be detected after the operation, while in other cases complete absorption of the exudation takes place after a time, and the parts return to their former condition. At the end of a fortnight, in the favorable cases, when the patient is allowed to leave the bed, the external ring will be found much reduced in size, and it is with difficulty that the finger can be introduced into the canal, where, previous to the operation, it passed easily.

Should any of the fluid be allowed to escape into the areolar structure outside the canal it is apt to produce a mass of induration in the loose tissues, which may persist for some time, but which, from its location, size, mobility, and gradual absorption, can seldom serve in any degree to prevent the hernia from coming down. Furthermore, cellulitis and abscess may result from this cause. Suppuration occurred in two of our patients. The abscesses were deep-seated, apparently extending through the anterior wall of the inguinal canal. The resulting infiltration entirely disappeared in a few weeks after the abscesses closed, and in one case the hernia returned. These complications increase the suffering, prolong convalescence, and, in our opinion, add nothing to the success of the operation.

Dr. Davenport, who edited Dr. Heaton's book, and who was a careful and conscientious observer, always strongly insisted to the writer upon the importance of setting up only a very moderate local action by the injection; anything like severe inflammation was to be avoided if possible. He believed that white oak bark had a mild yet persistent astringent effect upon fibrous tissues, which was more lasting and less violent than that resulting from ordinary inflammation. Hence it is the fibrous and not the cellular structures which require the application of the astringent.

Where is the fluid deposited in this operation?

This is an inquiry that has often been made, but to which, in the absence of any examination upon the cadaver, it is difficult to give a satisfactory answer. Theoretically it should bathe the fibrous structures in contact with the neck of the sac. Practically, the surgeon, depending largely upon his anatomical knowledge of the parts, carries the needle up to the vicinity of the internal ring, and slowly empties the syringe during its withdrawal. Whether the sac is penetrated or not is probably largely a matter of luck rather than of skill, for in cases of old hernia it would seem hardly practicable to guide a needle between the sac and walls of the canal without penetrating one or the other. In some cases the needle moves about in the canal with great freedom, giving one the impression that it has entered the cavity of the peritonæum; yet in twenty-seven operations I have never seen anything like peritonitis. With few exceptions there has been only a moderate local disturbance, which did not require treatment, and which subsided in a few days. Although the pain of the operation is not severe, yet in children an anæsthetic is required to prevent the struggling and straining from forcing out the contents of the rupture before the bandage is applied; timid and nervous people also need it to enable them to keep still. Opiates are not usually called for during the after-treatment.—*Boston M. and S. Jour.*, Jan. 12.

## ULCERATION AND PERFORATION OF THE VERMIFORM APPENDIX TREATED BY ABDOMINAL SECTION.

Dr. WILLIAM A. BYRD, of Illinois, who advocated the above-mentioned treatment in a paper read before the American Medical Association last year, reported an interesting case of the kind at this year's meeting. The patient, a married woman, had been suffering symptoms of obstruction and suppuration, for several days before Dr. Byrd saw her, the difficulty having begun nine days previously, with colic pains in the region of the cæcum. When he saw her, March 27, he diagnosed it inflammation and obstruction of the bowel at the cæcum, but, as she was now a little easier, he was not allowed to operate until April 1. The cæcum and appendix were inflamed and ulcerated throughout, with several perforations and adhesions, the cause for which condition appeared to be several hard concretions found in the abscess cavity. The perforations were all cut into a single opening, the edges of which were stitched to the opening in the abdominal walls, making an artificial anus about three inches in diameter. An opening was left at the side, through which the abdominal cavity was washed every few hours during the treatment of the case, with a very weak solution of carbolic acid. The usual hygienic, quieting and supporting treatment was given, and, at the time of the report, one month later, she had been improving all the time, with promise of being entirely well in a short time. This was Dr. Byrd's twenty-second abdominal section, the fourth in which he also opened into the bowel, all the latter resulting in cure. He gives much credit to the washing out of the peritoneal cavity, and to the artificial anus. He insists that the operation should be made before inflammation sets in.—*Detroit Lancet, Jan.*

## ORGANS OF URINE AND GENERATION.

### FIXATION OF MOVABLE KIDNEYS.

HAHN (*Centralblatt für Chirurgie*, July 23, 1881,) has devised a substitute for nephrectomy, in case it would be indicated simply by reason of excessive mobility of the kidney. The operation, which has been twice performed, is as follows: The patient is placed on the side opposite to that of the affected organ, an incision is carried along the outer border of the corresponding sacro-lumbalis muscle from the lower border of the twelfth rib to the crest of the ilium, successively dividing the skin, the latissimus dorsi and the external layer of fascia enveloping the sacro-lumbalis. The sacro-lumbalis is then drawn toward the median line, after which the quadratus lumborum muscle, and the fibrous layer of the peritoneum are incised. It may be remembered that, according to Arnold, the kidney is not entirely extra-peritoneal, the anterior surface of the organ being covered by the serous layer, and the posterior surface by the fibrous layer of the peritoneum, so that an incision through the latter does not necessarily involve an opening into the peritoneal cavity. Pressure is now exerted upon the anterior surface of the abdomen, so as to force the kidney into the wound, to which it is attached by eight or ten catgut sutures, after which the whole wound is plugged with carbolized gauze. There was in these two cases no reaction; the first dressing was only removed on the fifth day, the subsequent ones at corresponding intervals. In about four weeks the wounds were almost entirely healed, and the kidneys were found firmly fixed in their new location. In both cases, however, a slight degree of mobility could be detected at a somewhat later period. It would seem advisable, therefore, to strip off the adipose capsule from the posterior surface of the kidney and then to stitch this part of the capsule into the wound; it would also be preferable to fix the kidney as low down as

possible, in order to give the organ a firm support, and to prevent any tension upon the seat of fixation during the upright posture. Experience teaches that a dislocated kidney creates no disturbance, no matter how low it is placed, so long as it is firmly secured in its new location.—*Chicago Med. Rev.*, Dec. 5.

### OPERATION OF LUMBAR NEPHRECTOMY.

Recently performed by Mr. R. Barwell, who describes it as follows in the *British Medical Journal* :—

I made an oblique incision from the eleventh rib to the crest of the ilium, and endeavored to recognize the edge of the erector spinæ. Nothing but scar-tissue could be found; the guide to the kidney was lost. The mouth of the sinus was dissected off, and along the track I pressed my finger, felt the stone, and passing the knife along the digit, enlarged my cut to the size of the outer wound; but, owing to the small space between the crest of the ilium and the rib, the room obtained was quite insufficient: the scalpel was therefore run along the border of the rib, so as to make an angular flap, which, being held aside, afforded more space. Up to this time, a barely appreciable amount of blood had been lost; but an attempt to extract the stone, which broke in the forceps, produced very considerable hemorrhage from the kidney. Dreading for so anæmic a patient any loss of blood, I pressed on the gland a piece of sponge, upon which Mr. Morgan kept up a firm pressure, while I, deeming in the pressing circumstance boldness to be the best discretion, very quickly partly enucleated, partly broke down the gland sufficiently far to permit me to pass a ligature over it, and tie the vessels near their entrance. This completely checked all bleeding, and I could now more leisurely peel away the organ. I thus separated it entirely, save a small portion of its upper extremity, which I could not sunder save by incurring risks that I deemed unjustifiable. Another ligature was now thrown over the gland, and the pedicle, vein, artery, and ureter were tied *en masse* with a strong piece of carbolized silk. But the kidney was far too large to be extracted entire between the rib and the ilium; therefore, a pair of large curved scissors were introduced, the gland was divided from without inward, and bloodlessness being verified, each half was separately cut away and removed from the wound. The great cavity remaining was then filled with carbolized sponges and bandaged. The operation and subsequent dressings were managed on antiseptic principles. During the night of the operation, the temperature was 101.8°, that is, two-tenths of a degree higher than it had been four nights previously. There was no shock. On the next morning, the urine contained a large amount of pink (blood-stained) albumen. Its quantity was thirty-two ounces; specific gravity 1.013. Further there is little to record. Regulation of diet mitigated, and then eliminated, the albuminuria. The temperature became on the third day, and has since remained, normal. A small sinus-mouth, furnishing very slight discharge remains.

Nephrectomy has been performed for stone in the kidney ten times; the case just recorded is the third successful one.—*Med. and Surg. Rep.*, Dec. 10.

### TAPPING THE BLADDER FROM THE PERINÆUM THROUGH THE HYPERTROPHIED PROSTATE.

Tapping the bladder is an operation which is not often necessary; I believe it may occasionally be resorted to, even when a catheter can be passed. Assuming it to be required, how is it to be done? Tapping with the aspirator-needle above the pubes is a safe proceeding, and, for affording temporary relief, is to be recommended. A surgeon who finds himself in difficulties with a distended bladder, a large prostate, and false passages, is likely to do less harm with the needle than with the catheter, and is sure to give relief. Taking off the tension by withdrawing the urine generally permits the in-

strument to pass on the next trial. This method, however, can only be used for temporary purposes.

Tapping the bladder above the pubes with a trocar, for the purpose of establishing a more or less permanent drain, is very much like opening an abscess at its least dependent spot. Urine ascends the canula against gravity, and the products of inflammation of the bladder, usually present in some degree, remain behind in the pouch, undischarged. Tapping through the rectum requires the retention of the canula in the intestine, and is thus an obstacle to defæcation. Forcing the end of the catheter through the enlarged prostate is an unsurgical proceeding, not to be entertained. Tapping the membranous urethra leaves us in the position of having the obstructing prostate behind the opening. There is a point in the wall of the bladder, unconnected with peritoneum, through which a trocar and canula may safely be passed; I refer to the prostate gland, which in old men, where paracentesis is more frequently required, often affords a considerable area for the operation. I will illustrate this method by the following case, only promising that over twelve months ago I recognized its propriety, and tested it on the dead subject. I then had the instrument made for the purpose; but, though having considerable opportunity for dealing with retention of urine under all circumstances, it was not till quite recently that a case in point presented itself. I mention this as explaining how I came to be prepared, instrumentally, for doing that which I will briefly describe :—

N. D., aged 84, was admitted into the Liverpool Royal Infirmary at 2 A.M. on November 4th, 1881. My house-surgeon, Mr. Laimbeer, found him bleeding from attempted catheterism, with a large prostate, and a distended bladder. Recognizing the urgency of the case, and finding catheterism impracticable, he emptied the bladder with the aspirator above the pubes. I saw the patient a few hours afterward, and found that he had not passed urine since, and that no catheter could be introduced. His tongue was brown and he was much exhausted. Later on, I again visited him, when the bladder had become fully distended. I then had him placed under ether, and succeeded in passing a gum-elastic prostatic catheter. Beyond demonstrating that the difficulty had been overcome, I declined letting any more urine be drawn off, for a reason arising out of recognizing that either the catheter must be retained, or reintroduced when required; neither of which proceeding I was disposed to recommend.

Retaining a catheter in the bladder of an old man, somewhat childish and disposed to remove any appliance if not closely watched, is not easy; and when it is done, it often ends with death from cystitis, pyelitis, and exhaustion. This case was a case where, in my judgment, it was wisest to establish a permanent drain; and to do this in the manner on which I had determined required a tense, and not a flaccid, bladder. Taking a trocar which had been made for the purpose, with a silver canula, I introduced it in the median line of the perineum, three-quarters of an inch in front of the anus, and pushed it steadily through the prostate into the bladder, at the same time retaining my left index finger in the rectum for a guide. On withdrawing the trocar, a large quantity of ammoniacal urine escaped. The canula, being provided with a shield, was secured in its place by tapes much in the same way as a tracheotomy-tube. A piece of india-rubber tubing was attached to the portion of canula which projected beyond the shield, and conveyed the urine into a vessel placed at the side of the bed. Through this tubing urine continued to dribble. The patient was at once made comfortable by this arrangement, and in 48 hours he was up, sitting in an easy-chair—an important matter with old persons. To permit of this, the rubber tubing is shortened during the day-time, the end of it being tucked through a light abdominal belt, where it is compressed by a small pair of bulldog-forceps, which are removed when the patient desires to pass urine. He is quite as well as most men of 84 years of age are. He gets up daily, takes his food, and sleeps comfortably, either on his back or on his side, without any narcotic, and is quite free from any urinary inconvenience other than wearing his tube. During the night, his sleep is not broken by calls to micturate or pass catheters, as his urine runs off by the tubing as it is excreted; whilst in the day-

time, when he is up and about, his act of micturition practically resolves itself into something equivalent to the turning of a tap. His urine, which had been fetid and ammoniacal, is now nearly normal, the bladder being readily washed out by applying a syringe to the canula twice a day. On two or three occasions the canula has accidentally slipped out whilst the tapes were being changed, but has been readily replaced by the nurse.

The operation was devised much on the same lines I endeavour to take in commencing my lithotomy incision—namely, the selecting of a point in the perineum which endangers no vessel of importance. My object in planning the operation was to obtain what I can best describe as a short low-level urethra, adapted to the altered relations of the bladder to the prostate when the latter becomes enlarged, for the purpose of securing the most complete drainage. I should add that since the tapping, as far as we are aware, the patient has only passed a few drops of urine by the urethra.—*Reginald Harrison in Brit. Med. Jour.—Can. M. and S. Jour., Jan.*

### EXTROVERSION OF THE BLADDER.

GLÜCK and ZELLER have experimentally removed the urinary bladder and the prostate gland from dogs without fatal injury following. Encouraged by these experiments, Professor Sonnenburg has operated upon a boy, nine years of age, for *Ectopion vesicæ*. In this malformation, the anterior wall of the bladder is wanting. The posterior wall presents itself, as a round, convex, elastic, velvety prominence. At the lower part of this protusion, two oblique, convergent slits, the openings of the ureters, may be seen, whence urine is constantly trickling. The surface is very sensitive and bleeds when touched.

With ectopion in the male, epispadias is often associated. In both sexes defect in the pubic symphysis may be observed, which gives those patients a waddling gait.

Various mechanical contrivances have been devised, with the object of protecting the exposed bladder and to receive the urine, but they have failed to accomplish the desired end.

A plastic operation was successfully performed by Prof. Daniel Ayres, of Brooklyn, upon a female subject, which furnished a double integumentary cover for the bladder, taken from the abdominal surface.

The plan adopted by Prof. Sonnenburg is not only simpler, but also gives a natural channel for the escape of the urine. He cuts around the bladder and dissects it off from the subjacent peritoneum, care being taken not to injure the ureters, into which probes have been introduced at the outset. The ureters are finally attached to the urethral semi-canal. The defect in the parietes is covered by the adjoining integuments united by sutures. The wound closed almost entirely by first intention.—*Berl. Klin. Woch.—Cin. Lancet and Clinic, Jan. 21.*

### PUERPERAL INFECTION IN THE MALE.

During the prevalence of a severe epidemic of puerperal fever in Pollenza a woman in childbed was attacked by a fever occurring in paroxysms and resembling intermittent fever. A few days after the last paroxysm, when the patient felt perfectly well, her husband attempted to have sexual intercourse with her, but the onset of intense pain in the region of the frenulum compelled him shortly to desist. He stated that he was sure something must have been torn at the time, but he had not noticed any bleeding. In a short while the pain subsided. Twenty-four hours later, however, a chill occurred, followed by intense fever, with remission of all the symptoms on the following morning. In the evening the chill and fever recurred. On the third day, the right inguinal glands became swollen. When called in to see the patient on the fourth day, Lapponi diagnosed erysipelas of the skin of the penis, lymphangitis, and lymphadenitis. The erysipelatous inflammation continued to spread, the skin becoming gangrenous at several points. On the

sixth day the patient died, with well marked symptoms of septicæmia. Although not able to discover any laceration at the time of the first examination, Lapponi still assumes that the point of infection was a slight tear of the frenulum, which the patient suffered during the unsuccessful attempt at coition.—*Centralblatt fuer Gynak.—Indp't Prac., Jan.*

### BALANO-POSTHO-MYCOSIS.

The "balano-postho-mycosis," described by Dr. Simon (*Internat. Med. Congr.*), *Brit. Med. Jour.*, is an affection of the glans penis peculiar to diabetes, and produced by a fungous growth. At first a slight irritation is noticed with some erythema; then a more intense inflammation and secretion. Afterward the part becomes sore, painful, and excoriated, and phymosis is present. Eventually the condition resembles papilloma acuminatum. Occasionally there are growths of a callous character. All of these growths are permeated by fungi consisting of mycelia and spores. The treatment consisted of the local use of salicylic acid and drying powders. The prognosis is said to be worse than in a simple balanitis.—*New York M. J., Dec.*

### LICHEN PLANUS OF PENIS.

BULKLEY communicates a case of lichen of the penis, and appearing also there alone before manifesting itself elsewhere. It adds another to the long list of dermatological lesions, non-venereal in nature, which may appear in this locality. We have ourselves seen psoriasis of the glans penis, the rest of the body remaining for more than a month free from all signs of the malady. A small spot, purplish red and slightly elevated, was first noticed upon the anterior portion of the glans. Some six weeks later other small, more or less circular, spots appeared near the first, all of the same character, slightly elevated, flat on the top, and tending to run together, forming large plaques, all of the same pinkish-purple color, non-indurated, without subjective sensations, smooth, slightly shining, and without desquamation. The patch increased only slowly in size, but three months after the appearance of the first spot upon the penis the patient again presented himself with a perfectly developed lichen planus upon the forearms, and, although to a less extent, upon the abdomen and chest, all having appeared during the last two or three days. The lesions on the penis were still in much the same condition as at the previous visit. Two and a half months later, under treatment by arsenic, nitric acid, etc., all appearances upon the penis had vanished, leaving a slight pigmentation. The lesions upon the body disappeared some three months later under careful dietary and medicinal treatment, their entire duration being about the same as that of those upon the penis.—*Boston M. and S. Jour.*

### TREATMENT OF PHIMOSIS BY DILATATION.

In a recent clinical lecture delivered at La Pitié, Prof. Verneuil recommends the treatment of phimosis by dilatation, as first advocated by Nélaton, rather than by circumcision. His mode of operation is very simple. He anesthetizes the patient, as it is advisable to proceed as slowly as possible, and to obviate the pain inherent to the operation. He draws out the prepuce, and commences by introducing a grooved director between the prepuce and the glans, and then passes a second grooved director along the groove of the first. In this way a commencement of dilatation takes place, and he then introduces a common dressing-forceps, opens it, and withdraws gradually, distending the prepuce just as the anus is dilated by a speculum. Since he

has had recourse to this procedure he has never yet met with a failure. All that can happen is a slight rupture of the preputial mucous membrane, giving rise to a few drops of blood. When the prepuce thus dilated is everted, the glans is washed with some carbolyzed water. If the dilatation has been very considerable, the prepuce can be closed over the glans. If not, there will be a paraphimosis, which should be dressed with lead lotion, without any fear that gangrene of the glans or the penis will be produced by strangulation. Still, gangrene of the glans does occasionally take place, without any satisfactory explanation being possible.—*Med. Times and Gaz.*—*Med. News*, Jan. 28.

### IMPOTENCE.—ELECTRICITY.

From paper read by Dr. ROSENBURGH, Toronto Med. Soc.:—Impotence is also treated by electricity. When it depends upon disorders of a general character, such as the immoderate use of sedative narcotics, sedentary habits, or mal-nutrition from any cause, it demands "the general constitutional tonic influence of general faradization." The local treatment is by placing one pole on the perineum and the other on the testicles (the testicles may be placed in a cup of warm water in which one pole of the battery is immersed). Either current may be used, but the faradic current is preferred, and the application is not extended beyond ten minutes. "Impotence like seminal emissions, may sometimes be treated by connecting the steel sound introduced into the urethra with one of the poles of the faradic current, thus combining the toning effect of pressure with the toning effect of electricity on the relaxed parts." (Beard & Rockwell).—*Canada Lancet*, Jan.

### SPERMATORRHOEA.—ATROPIA.

Dr. NOWATSCHEK reports (*Schmidt's Jahrbücher*, January,) a case of spermatorrhoea, consequent upon typhoid fever, the diagnosis resting on the presence of spermatozoa in fluid which was constantly oozing from the urethra. Iron, quinia, and cold applications to the genitals were tried in succession with some relief. Lupulin, camphor, and bromide of potassium were without effect. Atropia was then used, and the patient completely recovered in five days. Dr. Nowatschek (*Journal de Medecine de Paris*, October 8, 1881) cites a second case treated with equal success by the hypodermic injection, in the perineum, of a one per cent. solution of atropia.—*Chicago Med. Rev.*, Jan. 1.

### DEFER'S METHOD OF TREATMENT OF SIMPLE HYDROCELE.

Dr. ROL, in the *Bull. de Ter.*, praises this method of treatment, of which he gives the following description: The hydrocele is punctured with canula and trocar, as usual, and evacuated; through the canula is introduced a sound, on the end of which is fused a little piece of nitrate of silver; the interior of the tunica vaginalis is then rapidly touched at different points with this caustic, when the sound, and, after it, the canula, are withdrawn. The results of this mode of treatment are said to be excellent. Notwithstanding the occurrence of a sharp inflammation, lasting five or six days, a cure is generally obtained, not by adhesion of the two surfaces of the tunica vaginalis, but a simple vital modification of that membrane. The return of the effusion is rare. Defer's operation is thus described as perfectly safe, thoroughly efficacious, and easily performed.—*Med. Press and Cin.*—*Cin. Lancet and Clinic*, Dec. 24.

## ORCHITIS OF MUMPS.

Orchitis of Mumps is not a metastasis, but a complication that can be watched for. It occurs only after puberty, and comes on between the seventh and ninth day generally. Its approach is indicated by a rise of temperature which occurs before any pain is felt. By keeping the patient in bed, taking the temperature, and at once applying hot poultices to the testicles as soon as fever appears, the symptoms are greatly mitigated.—*Dr. C. Dulges in Lancet.*—*Med. Record, Dec. 3.*

## CHRONIC BUBO.—EXCISION.

RANDOLPH WINSLOW, A.M., M.D., Demonstrator of Anatomy, University of Maryland, reports the following: C. V., an Italian seaman, was admitted, with buboes on both sides, the result of chancre. He was treated in various ways, without benefit, the glands remaining hard and non-suppurating. It was determined to excise all the diseased glands. This was done on July 14th, by straight incision, parallel to Poupart's ligament, through the skin and fascia, and enucleation of the glands, by the use of the handle of the scalpel and the fingers. By this method, very little blood was lost, as the torn vessels rapidly retracted. When the enucleation was complete, Poupart's ligament, and the lower portion of the aponeurosis of the external oblique muscle, and upper portion of fascia lata, showed as distinctly as in a dissection upon the cadaver. The deep cavities left were packed with carbolyzed oakum, and daily irrigations, with antiseptic lotions, were employed. The wounds healed kindly, and he left for Italy about a month subsequent to the operation.—*Med. Herald, Dec.*

## GONORRHEA.

Dr. J. A. STITES, of Belmont, Nevada, says: My only treatment is: *R. Morphise sulphatis, grs. jv.; plumbi acetatis, acidi tannici, ss ʒj.; bismuth sub. nit., ʒj. Mix.* I order the patient to dip a sound or a catheter, say No. 12 size, in oil or glycerine, and then rub on some of this powder, and then pass it into the urethra. Do this night and morning. Enjoin quiet and rest on his back for four or five days. Give plain diet, avoiding all stimulating food and drinks. Internally give potassium bromide in full doses, and flaxseed tea ad libitum. Under this treatment I have found that in six days my patient is well. I have not had one case of failure under this treatment.—*Therap. Gaz. Dec.*

## GLEET.—OIL OF ERGOT.

Dr. SHOEMAKER, Phila., says: In gleet, I have had some marked cures from its use by passing the catheter and injecting the oil far back into the urethra. In both leucorrhœa and gonorrhœa, I have used from two drachms to one ounce of the oil of ergot, made into a six-ounce emulsion, and had it injected night and morning, in a number of cases, with marked success.—*Med. Herald, Dec.*

## SYPHILITIC AFFECTIONS.

## INSANITY RESULTING FROM SYPHILIS.

M. BALL has given a *résumé* of Fournier's views on insanity attending syphilis, which, according to that observer, presents itself either as syphilitic dementia, as mania, or as general pseudo-paralysis.



In syphilitic dementia, the patient's temperament undergoes a radical change. His intelligence is clouded and his conduct strange. He becomes moody and taciturn. Labor is fatiguing and intolerable. His memory fails, though judgment often remains. Loss of memory may be either sudden and complete, or gradual and imperfect. The patient becomes careless as to his personal appearance, and very irritable. This condition may be designated as a precocious senility of the mind, differing from senile dementia, however, in being curable.

Syphilitic mania may be suddenly developed or present prodromal symptoms. The latter, when present, consists in a peculiar excitement, feverish activity, and in unusual loquacity. These prodromata terminate in delirium, which may manifest itself in several forms. Sometimes it is active and attended by complete insomnia. The patient becomes destructive, and suicidal tendencies show themselves. The delirium assumes the form of hypochondriasis or syphiliphobia. The patient believes himself persecuted. The delirium is impulsive.

General syphilitic paralysis. This variety of the disease begins with mental hebetude and with incoherencies of speech. The speech may become embarrassed, and stuttering due to local paralysis appears. Other partial paralyses, particularly those of the eye, soon follow. The diagnosis is based upon the concomitant symptoms, as headache, alopecia, and gummata, but particularly upon partial paralyses. Strabismus is another valuable diagnostic symptom.

The prognosis is favorable if the case receive prompt treatment, although the disease sometimes terminates fatally. The treatment must be energetic and thorough. At the beginning the mixed treatment is indicated: 5 grms. (75 gr.), at least, of the iodide of potassium should be exhibited daily, and inunctions also employed. If mercury is not well tolerated, recourse may be had to the chloride of gold.—*Annales et Bul. de la Société de Médecine de Gand.*—*Med. Record*, Dec. 3.

### SYPHILIS FROM SKIN GRAFTING.

Dr. FÉRÉOL (*British Medical Journal*, December 17, 1881) reported the following interesting case at a late meeting of the Société Médicale des Hôpitaux, of Paris. A man was attacked by gangrenous erysipelas of the upper third of the left thigh, from which resulted a large, obstinate ulcerating surface. Forty-five grafts, taken from five different persons, were applied to the ulcer, of which thirty-three adhered. Eleven days after this, twenty-eight grafts, taken from the buccal mucous membrane of a rabbit, were applied, but all failed. Six days subsequent to this latter grafting, forty grafts, supplied by seven persons, were placed on the internal portion of the ulcerated surface. Thirty of these were successful, and cicatrization was rapidly proceeding, when, in the course of two weeks, a greyish ulcer, followed by several similar ulcers, involved the sight of the first grafting. Ten weeks after the first series of grafts had been applied, a copious roseolar rash appeared, and was soon followed by crusts on the hairy scalp and mucous patches in the mouth. The son of the patient, who had furnished some of the first series of grafts, consulted the physician for mucous patches around the anus. This son had had a chancre, eighteen months previously to furnishing the grafts, which had not been treated. This case strongly illustrates a possible danger to be guarded against in skin grafting.—*Chicago Med. Rev.*, Jan. 15.

### LATE EFFECTS OF HEREDITARY SYPHILIS ON THE BONES.

It is rare that a typical case of hereditary bone lesion from syphilitic disease is presented. Such a one was, however, shown at a late meeting of the Manchester, England, Medical Society, by Dr. Bury. The patient was twenty-two. He was quite well till ten years old; then "a skin formed over his eyes." He had now symmetrical interstitial keratitis. A little later, his

mouth and throat became sore; there was now a hole in the right arch of the palate. At the age of eighteen he noticed that his legs were swollen; the tibiae were now greatly thickened, and pieces of bone had come away from the right tibia. There was a large gap in the right side of the frontal bone, from which a sequestrum separated a few months since. Two sinuses near the middle of the forehead also led down to dead bone. The lower fourth of the left femur and the back of the right ulna were thickened. The left upper incisor was absent; the edge of the right upper was ground down.—*Med. and Surg. Rep.*, Jan. 7.

#### COMMUNICABILITY OF SYPHILIS BY SUCKLING.

In the *Giornale Italiano di Soresina* (1880, p. 15), Professor Scarenzio relates a case, which, if free from error in observation, is of much importance. A healthy young woman, aged 19, married, in December, 1874, a vigorous young man, lately returned from his regiment. In September, 1875, she gave birth to a weakly infant, which developed symptoms characteristic of inherited syphilis. When seven months old, its lips became the seat of erosions and ulcerations at the commissures. At the same time the mother, who had exclusively suckled the child, saw a chancre, accompanied with enlarged glands, develop on the right nipple, shortly followed by a characteristic syphilitic eruption. She gave birth to another syphilitic child in July, 1877. The author infers, from this case, that a woman may bear a syphilitic child to a syphilitic father, and remain herself uninfected; and, further, that it is imprudent to cause a syphilitic infant to be nursed by its mother, unless the latter should previously have exhibited symptoms of syphilis.—*Med. and Surg. Rep.*, Dec. 8.

#### TREATMENT OF SYPHILIS.

The Paris correspondent of the *Lancet* writes: M. Martineau has published the result of a large number of cases of syphilis treated by a new method at the Hôpital Lourcine. The preparation employed consists of a mixture of powdered peptone, chloride of ammonium, and bichloride of mercury, which are dissolved in water and glycerine. In order to have a standard solution which shall contain five centigrams (.02 grain) in a gram, the following proportions are taken:—

R. Powdered peptone (Catillon), grs. ix; chloride of ammonium, grs. ix; bichloride of mercury, grs. vj. M.

These are dissolved in glycerine, seventy-two grams; water, twenty-four grams. This solution, which the author calls "normal," further diluted with five parts of distilled water, is of such strength that an ordinary French hypodermic syringeful represents ten milligrams, or one-fifth of a grain of corrosive sublimate. The solution is injected subcutaneously, and the dose employed by M. Martineau has varied from two milligrams ( $\frac{1}{25}$  grain) to ten ( $\frac{1}{5}$  grain) of bichloride of mercury. Altogether one hundred and seventy-two patients have been under observation, and a total number of three thousand eight hundred and thirty-eight hypodermic injections made. No abscesses or sloughs have ever followed the operation; sometimes a defective injection has given rise to a lump, but this has always rapidly disappeared. There is never either stomatitis or salivation, even with one-fifth of a grain of the mercuric salt daily.—*Med. and Surg. Rep.*

#### IODOFORM SUBCUTANEOUSLY IN SYPHILIS.

Dr. E. THOMANN, of Graz, has treated a series of cases of recent syphilis with well-marked skin manifestations and glandular enlargements by the administration of iodoform subcutaneously, and states that even after ten to twelve injections great improvement in all the symptoms is manifest. The

preparation he used consisted of 6 parts of iodoform suspended in 20 parts of glycerine; this was administered in doses of 0.3 gramme, increased gradually to 0.75 gramme. No abscesses were produced, though the skin became slightly red and tender, and the spots operated on were harder than the surrounding parts, and slightly swollen for a few days. Iodine may be detected in the urine in two hours after the first injection; no smell of iodoform was perceptible either in the breath, perspiration, or urine. There was no constitutional disturbance or drowsiness, and the temperature and pulse were unaffected. A solution of iodoform in almond oil (0.3 gramme in 6 ccm.) was also tried, but proved too irritating; it caused an erysipelatous reddening of the skin. The feeling of local hardness was absent, however, as the oil was so much more quickly absorbed than the glycerine preparation.—*Cbl. f. d. Med. Wiss.—Boston M. and S. Jour.*, Jan. 26.

### SALICYLIC ACID IN SOFT CHANCRES AND CHANCROUS BUBOES.

Dr. AUTIER (*Journal de Medecine de Paris*), claims that without being an infallible specific in these diseases salicylic acid is capable of rendering the most important service. It is without odor, gives but little pain is soluble in alcohol and glycerine, and does not soil the linen. As a vehicle, glycerine presents many advantages; it does not evaporate, and it maintains on the surface of the ulcers a permanent coating which prevents the access of air. The following formula is employed by Dr. Autier: acid salicylic, two grammes; glycerine, one hundred grammes.—*Chicago Med. Rev.*, Jan. 2.

### BROMIDE TOPICALLY IN CHANCROIDS AND CHRONIC ULCERS.

Dr. J. L. ROBINSON, M.D., writes: Within the past few months I have had opportunity of testing bromine as a local application to chancroids and chronic ulcers associated with syphilis, as seen in U. S. Marine Hospital. The following is the formula used: R. Bromine, one part; water, three parts; bromide of potash, q. s. to make a solution. To be applied once daily by means of a mop made of cotton wool.—*Amer. Practitioner*.

### DACTYLITIS SYPHILITICA.

Clinic of Prof. SANDS, Col. Phy's and Surg's, N. Y.

This little child, gentlemen, has marked swelling of the proximal phalanx of the ring finger. The swelling is painful and evidently deep-seated. Such cases in children are rare, and when they occur, are often due to constitutional syphilis. One way to make a diagnosis of syphilis, is to treat the patient for syphilis, and if he improves under such a course of medication, we may be certain that the diagnosis was correct. The patient before you has already been put upon the iodide of potassium, and manifests signs of improvement. We have every reason, therefore, to believe that this is a case of dactylitis syphilitica.

If iodide of potassium alone should fail, you may combine with it some mercurial, as the biniodide of mercury for example. For such a child as this (six or seven years old), the dose of the biniodide would be from one-fifth to one-sixth of a grain.—*Med. and Surg. Rep.*, Dec. 3.

### TREATMENT OF ULCERATING GUMMATA.

CHARLONIS, in a work which is reviewed in the Rivista clin. di Bologna (*Deutsche Med. Zeitung*), states that he has had good results in the treatment of ulcerating gummata, or ulcerating syphilitic tubercles, by alternately pen-

ciling with tincture of iodine and rubbing in mercurial ointment. He ascribes these good results to the action of the iodide of mercury in the nascent state, as it is thus brought to bear upon the diseased parts.—*Cin. Lancet and Clinic*, Dec. 31.

### SLEEPLESSNESS IN CONSTITUTIONAL SYPHILIS.

R. Hydrarg. iodidi viridis, grs. ij; ext. opii, gr. j; ext. hyoscyami, grs. vj. M. Divide into two pills and take one every night at bed hour.—*Med. Gazette*.

## AFFECTIONS OF THE EYE.

### OPHTHALMOSCOPIC CONDITIONS AND INTERCRANIAL DISEASE.

Dr. BOUCHUT, of Paris, read a paper on "The Relation between Ophthalmoscopic Conditions and Intracranial Disease." Though his publications on this subject are well known, we copy the abstract, because it gives a concise statement of his present views: "The author holds that all the important diseases of the brain and cord, as well as the serious diathetic diseases, may be recognized by ophthalmoscopic examination, and he applies the term cerebroscopy to this use of the method. Thus, congestion and swelling of the optic nerve indicate congestion of brain, meningitis, compression of brain, or commencing spinal disease. Edema of disc and neighboring retina shows edema of meninges and obstruction to circulation in the sinuses and meningeal veins, in tubercular meningitis, in acute and chronic hydrocephalus, in cerebral hemorrhage, in certain cerebral tumors accompanied by encephalitis, etc. Retinal varices and thromboses indicate thrombosis of the sinuses and meningeal veins. Miliary aneurisms of the retinal arteries show miliary aneurisms of the brain. In fevers and disease of the nervous system retinal hemorrhages indicate either compression of the brain by a copious effusion, hemorrhagic diathesis, cardiac obstruction to the cerebral circulation, or changes in the cerebral and retinal vessels caused by chronic albuminuria, glycosuria, syphilis and leucæmia. Miliary tubercles of the retina and choroid show tuberculosis of the brain or meninges. Lastly, in nervous diseases, atrophy of the disc or sclerosis of the optic nerve always indicates a disseminated sclerosis of the brain or of the anterior columns of the cord."—*Detroit Lancet*, Dec.

### INCISION OF THE LACHRYMAL SAC.

Dr. C. R. AGNEW, of New York, says (*Detroit Lancet*): The anatomy of the parts is about as follows. We have the eyelids covering the eyeballs, and toward their inner angle we have the puncta. Now, behind, this angle, which is called the internal canthus, is the little gland called the caruncle, and, just in the crease between the caruncle and the angle of the eyelids, there is nothing between the external world and the cavity of the sac but conjunctiva and sac-wall. As the sac fills up with matter, its anterior wall is brought forward, the tendon of Horner's muscle is more or less stretched, and the sac bulges below and above it and is made prominent. Now, standing behind a patient who has such a lachrymal abscess, which you are not able to enter through the punctum, you may take Beer's knife, and, holding the head firmly, poise the blade of the instrument flat-wise, so as almost to be in contact with the cornea, pass it behind the internal canthus behind the angle where the lids come together, carrying the point inward, and enter the sac, reaching it by making a slight wound. This wound usually heals

rapidly, does not interfere with the canaliculi, and, if it becomes fistulous, does no possible harm, because it is inside of the lids, and the sac empties itself inside, instead of outside upon the cheek. The sac having been emptied, it may be treated according to the indications.—*Can. Jour. Med. Sc., Jan.*

### TREATMENT OF DETACHMENT OF THE RETINA BY GALVANO-PUNCTURE.

Detachment of the retina, according to Dr. Abadie, is most frequently dependent upon a local cause, as it occurs ordinarily suddenly in cases of myopia associated with no diathesis whatever. It can therefore be treated by purely surgical means.

Clinical observation, pathological anatomy, and experiments on animals show that the retina forms adhesions to the choroid wherever there are areas of spontaneous or provoked choroido-retinitis; if, therefore, such adhesion can be produced artificially, it can be hoped that the retina will be fixed to the underlying membranes. In order to produce this result, Dr. Abadie punctures the sclerotic and choroid with a delicate platinum knife, heated by the galvanic current, as far behind the ciliary region as possible. The ocular membranes being thus perforated, the sub-retinal fluid escapes, and an adhesive inflammation is produced which maintains the retina in place. This method of treatment has been employed in eight different cases; in six instances of extensive old separation only slight benefit was produced, but in two cases, where the detachment was limited, most satisfactory results followed. In no case was the reaction too violent, or have any unpleasant consequences occurred.

Struck by the considerable reduction of interocular tension which remains after galvano-puncture of the eye, Dr. Abadie has made use of this method of treatment, with the happiest results, in cases of glaucoma which resist treatment by iridectomy and sclerotomy.—*L'Union Méd.—Med. News, Jan. 28.*

### TRANSPLANTATION OF CONJUNCTIVAL MUCOUS MEMBRANE.

In the *Revue Médical de la Suisse Romande*, M. Marc Dufour reports some cases in which he had transplanted conjunctiva of a rabbit to the human eye. In two cases the operation was undertaken on account of symblepheron. The adhesions were dissected up, and to the denuded surface, some conjunctiva of the rabbit was applied and fixed in place by means of sutures. In the first case, that of an old woman, the operation failed because the graft died.

In the case of a child of eleven years of age, the operation was a complete success, the graft living.

In the case of a man from whose lid M. Dufour removed an epithelioma, a graft was taken from the buccal mucous membrane of the patient. The operation too, in this case, was a complete success.

The author advises to wait a short time after the incision is made, before the graft is applied, also that care should be taken in the application of the sutures to prevent the edges of the transplanted piece from rolling under. And, finally, that the freshened surface and the graft should be washed in a solution of salicylic acid.—*Jour. de Méd. et de Chir. Pract.—Cin. Lan. and Clin., Jan. 21.*

### PYÆMIC OPHTHALMITIS.

Dr. J. ADAMS reports (Ophth. Soc. of Gr. Brit.) two cases of suppurative inflammation of both eyeballs from embolism, occurring during an attack of endocarditis, following an old valvular disease of rheumatic origin. In one case the two eyes were almost simultaneously affected: in the other, there was an interval of about a week. Both patients passed into a typhoid condi-

tion and died. In one case there was numerous other embolic infarctions; in the other, none. Adams raises the following questions: First, Why do emboli under these conditions lead to suppurative panophthalmitis? and, second, Is the result due to the septic nature of the emboli, or is it brought about in a mechanical way? In the first case a complete examination was made, but no micrococci or bacteria were found. In the second case no autopsy could be obtained.—*Br. Med. Jour.*—*N. Y. Med. Jour.*, Jan.

#### OPACITY OF THE VITREOUS RELIEVED BY GALVANISM.

Our foreign exchanges mention an important discovery announced at a recent meeting of the Paris Academy of Medicine. M. Giraud-Teulon has had occasion to deal with twenty-four cases of opacity of the vitreous humor within the last fourteen years, and all of these have been submitted to treatment by galvanic currents. Twenty-two have been notably modified, a marked clearing up of the vitreous humor taking place. In most of these the sight was correspondingly benefited, although in some instances further and deeper mischief remained to prevent vision. Twice only was the constant current unable to clear up the opacity, but these were cases of neo-formations of syphilitic origin. M. Giraud-Teulon's high scientific position makes these statements of great importance.—*Med. and Surg. Rep.*

#### PILOCARPIA IN GLAUCOMA.

SZIKLAI (*Wiener Medicinische Wochenschrift*, August 27, 1881), reports a case of glaucoma which was cured by sclerotomy and a single dose of muriate of pilocarpia. Owing to a mistake of the apothecary who put up the prescription, the patient received a hypodermic injection of three grains of muriate of pilocarpine. The patient was much prostrated by the excessive diaphoresis and sialorrhœa thus produced, but on the morning following markedly improved and could see well.—*Chicago Med. Rev.*, Dec. 5.

#### NEW OPERATION FOR THE CURE OF PTOSIS.

Dr. HERMANN PAGENstecher, Wiesbaden, (Int. Med. Cong.)

The operations at present employed for the cure of ptosis are unsatisfactory, sometimes producing too great and sometimes too little result.

It is necessary, in order to obtain perfect movement of the upper lid, to continue the action of the musculus frontalis to this lid itself.

This can be achieved by making a scar do the work of a tendon to the frontalis, by which means the upper lid is compelled to follow the movements of that muscle.

The simplest way of doing this is to introduce a thick suture above the superciliary ridge, bringing it out at the margin of the lid, and to tie the ends together, leaving it gradually to cut its way out.

It is also possible to apply the suture subcutaneously, thus avoiding all disfigurement by scars.

The cicatrix thus formed acts as a tendon to the frontalis, raises the upper lid, and does not prevent its closure.

Many cases have already been operated on by the author with the happiest results.—*Amer. Pract.*, Jan.

#### DIPHTHERITIS CONJUNCTIVÆ.

Vossius reports a case of diphtheritic conjunctivitis, in which he employed with success a four-per-cent. solution of salicylic acid in glycerine. This was brushed over the conjunctiva every half hour. An improvement was noticed in both eyes within the first day after this treatment had been undertaken,

and on the next morning the swelling had so far diminished that the child could open her eyes. Iced compresses were also used constantly from the beginning. A two-per-cent. carbolic-acid solution had previously been used, and also the solution of boracic acid and salicylic acid recommended by Sattler for seriginous corneal ulcer, but both the remedies, so far from causing any improvement in the symptoms, had apparently increased the swelling of the lids and conjunctiva. Within seven days from the commencement of the salicylic-acid-and-glycerine solution the swelling and discoloration had nearly disappeared from the lids and the ulceration had healed. On the twenty-first day the patient was discharged cured, there remaining only a slight, ordinary conjunctivitis.—*Klin. Monatsbl.*—*N. Y. Med. Jour.*, Jan.

### OPTICO-CILIARY NEUROTOMY AS A SUBSTITUTE FOR ● ENEUCLEATION.

Dr. JOSEPH A. WHITE objects to the method of optico-ciliary neurotomy generally recommended for the prevention of sympathetic ophthalmia, on account of the difficulty in readjusting the recti muscles when cut and the danger of an oblique muscle being unintentionally divided. His operation, which he has three times successfully employed, is performed as follows: A meridional incision is made through the conjunctival and subconjunctival tissues from the upper border of the external rectus to the outer border of the superior rectus, thus exposing the sclerotic. A strabismus hook is then inserted under each of these muscles, and with them an assistant pulls the eye down and toward the nose. A small lid elevator is then hooked under the upper lip of the incision and drawn up, thus making a large opening through which the curved scissors can be passed behind the eyeball, and the optic and ciliary nerves cut. Knapp's double hook is then inserted into the posterior part of the sclerotic and, without any trouble, the cut end of the optic nerve and its surroundings are exposed to view at the incision. The sclerotic is then carefully cleaned with the scissors—thus cutting away sections of the optic and ciliary nerves. As long as any blood oozes from the opening, it is kept open. When this ceases, a conjunctival stitch is put in, and cold-water dressing applied.—*Virg. Med. Monthly*, Dec.

### EMPHYSEMA OF THE EYELIDS AND OF THE ORBIT.

Dr. BAUDRY, of Lille, reaches the following conclusions (*Recueil d' Ophth.*) concerning orbito-palpebral emphysema: The term spontaneous emphysema should be applied only to those rare cases in which the air in the nasal fossæ passes spontaneously into the areolæ of the orbito-palpebral cellular tissue, no effort at clearing the nose having been made. Emphysema in this location, which occurs after an effort at clearing the nose, or after sneezing, is the result, in most cases, of the fracture of one of the bones in the internal orbital wall, which permits the direct passage of air from the nasal fossæ into the cellular tissue of the eyelids and of the orbit. The emphysema will be limited to either the lids or the orbit, or may occupy both localities, according to the seat and extent of the fracture and to the varying pressure of the expired air. Under exceptional circumstances, the so-called spontaneous emphysema results from complete rupture of the lachrymo nasal duct, produced by surgical traumatism. In this case osseous lesions may or may not be present. In still rarer cases the emphysema is attendant upon defective development of the parts in question.—*Cin. Lancet and Clin.*, Dec. 24.

### OPHTHALMIA NEONATORUM.

Dr. FANCOURT BARNES narrates (*Brit. Med. Jour.*) a case of this affection occurring in a child born in the unbroken membranes, and who never came

in contact with the maternal passages at all. He also cites a case from Veit in a child delivered by Cæsarean section.—*Can. Jour. Med. Sc., Jan.*

### COLLYRIUM FOR DISSOLVING METALLIC FOREIGN BODIES FROM THE CORNEA.

Dr. RODRIGUEZ reports the following case (*Revista de Ciencias Medicas*): A blacksmith, aged eighteen years, while forging a piece of iron, received in his left eye a small splinter of the metal, which remained there incrustrated in spite of all attempts to remove it. The following wash was then employed: Rose water, 90 grm.; Iodine, .05 grm.; Iodide of Potass., .05 grm.; the result was extremely satisfactory. The particle of metal was transformed into a soluble iodide of iron, and all traces of the foreign body had disappeared. The cornea regained its normal condition, and vision remained unaffected.—*So. Med. Record, Jan.*

### TO DILATE THE PUPIL.

R. Atropiæ sulphat, grs., 1; Aquæ destillate, 34. M. Sig. A full drop should be placed in the eye by means of a camel's hair pencil; the effect will be produced in from fifteen to twenty minutes and will sometimes continue for seven or eight days.—*Med. Gaz., Dec. 10.*

### STRUMOUS OPHTHALMIA.

R. Quinina sulphat, gr., iv.; acid. phosphorici, dil., min. xx.; syr. auranti, 3 iv.; Aquæ ad.,  $\frac{3}{4}$  iv. M. Sig. One dessert-spoonful three times a day.—*Med. Gaz., Dec. 10.*

## AFFECTIONS OF THE EAR.

### LABYRINTHINE OTITIS, (MÉNIÈRE'S DISEASE).

May manifest itself as an acute or chronic disease. The most constant symptom, as well as the most distressing, is the vertigo. At first transitory, it finally becomes continuous, interrupted by paroxysms, attaining a degree that confines the victims to bed, the horizontal position being the one least distressing to them.

Even here they are not protected from vertiginous sensations, cling to objects about them, and are obliged to keep their eyes closed.

Labyrinthine otitis may be confined to one ear, and the complete deafness on this side is the primordial phenomenon. The vertigo and vomiting when they acquire the gravity mentioned above are always the symptoms of a disease of the ear.

*Prognosis.*—The prognosis of labyrinthine otitis is always very grave. In the chronic form, the loss of hearing is not necessarily complete, but a certain amount of deafness can be certainly counted upon.

*Treatment.*—Inflammatory affections of the labyrinth, when they manifest themselves under the form of severe fever, when they complicate an infectious disease, or grave lesion of the base of the skull, are often unrecognized.

We have often proclaimed the necessity of testing the hearing in children, whenever they are treated for a serious febrile attack, and of making a careful examination of the ear in every case where the hearing is affected. This rule will sometimes prevent the production of complete deafness, and ward



off in a certain number of children deaf-mutism, that is certain to follow loss of hearing occurring during the first six or eight years of life.

In order to combat acute labyrinthine otitis recourse must be had to antiphlogistics, to revulsives upon the mastoid and back of the neck, to mercurials internally and externally, finally to the iodide of potassium, in one or two grammes (fifteen grains) doses, which in some cases seem to me to have the happiest effects.

The treatment of the chronic form of labyrinthine otitis should have for its first object the relief of the general affections acting upon the entire economy and which continue the diseased state, though they are not the primary cause—such as anemia, chlorosis, as well as the general troubles of the nervous system.

The sulphate of quinine treatment devised by Charcot deserves the first consideration on account of the high authority of its author. It always increases the noises in the ear at first, giving it for a fortnight at a time till the disease is at an end. It seems that the quinine affords relief by the destruction or paralysis of the determined fibres of the acoustic nerves.

While we would resort to this plan in desperate cases, we prefer, in the less grave ones, treatment that offers a better chance for preservation of hearing than the sulphate of quinine does.

We have obtained good results from cauterizations with small points, of the mastoid process, from the use of the actual cautery and especially from a scaton in the back of the neck. Antispasmodics, especially the valerianate of ammonia and the bromide of potassium, have given good results. Finally we never fail to try in succession in the medium cases the arseniate of soda and the iodide of potassium in large doses.

The galvanic currents have been advised by Bremer Urbantschitsch and others; we have demonstrated their great value in hyperæmia of the labyrinth, but in otitis of the internal ear, we think this treatment should be employed with the greatest care.—Ladreit de Lacharriere.—*Annales des Maladies de l'oreille*.—*Cin. Lan. and Clin.*, Dec. 1.

#### REMOVAL OF FOREIGN BODIES FROM THE EAR.

In a paper on this subject, published in the *Medical Record*, Dec. 10, 1881, Dr. D. B. St. John Roosa, says:

If you chance to be in the woods with a friend into whose ear an insect has entered, the simplest method of removing it is to pour in some water, warmed by the hand, until the insect can be dislodged. When flies and maggots gain entrance to suppurating ears, the case is one for simple treatment with the syringe, first using some agent which will kill the fly or maggot, such as carbolic acid, Labarraque's solution, or the like; after this, the stream of warm water may be employed. An attempt to remove them with the forceps only makes them the more lively and increases the difficulty of their removal. Fortunately, with the advance in our knowledge as to the methods of examining and treating the ear, these cases of maggots entering a decomposing mass deep in the canal are very rare.

With regard to other foreign bodies, as peas, cherry stones, etc., he says:

Do not be excited when a patient is brought to you who is said to have a foreign body in the ear. Never believe that there is a foreign body in the auditory canal until you have seen it with your own eyes, if you are the person who is to remove it. Take no man's, take no woman's, take no nurse's, take no person's, word for this. Very bad results have occurred from the neglect of what seems to be a fundamental proposition. Ears have been syringed—much worse, have been treated with instruments; membrana tympani have been broken, ossicles have been dragged out, labyrinths have been invaded, and meningitis and death have been caused, by neglect of this simple rule. In other words, attempts have been made to remove foreign bodies from the auditory canal when there were none there.

First, then, be sure that there is a foreign body in the ear. Second, remove it by syringing, if possible. Third, wait quietly, if it is so wedged in

that it cannot be removed in this manner, until you can procure competent assistance, and then proceed with care and caution, and with such instruments as your ingenuity and the ordinary instrumental collections of aural surgeons will furnish.—*Med. and Surg. Rep.*, Jan. 14.

### EXPULSION OF INSECTS FROM THE EXTERNAL AUDITORY CANAL.—ETHER.

A correspondent writes: The question of the removal of living insects from the ear is so important that we cannot refrain from calling attention to a method first discovered by the late Dr. John Ellis Blake, of this city, and described by him in the history of a case published in the *Boston Med. and Surg. Journal*, vol. lxi., p. 214, 1862, and entitled "Larvæ of the Common Fly in the Meatus Auditorius Externus." The patient had suffered for four or five days with hemorrhage from the ear, and most excruciating pain. Of his interview with him, Dr. Blake gives the following graphic description: "With difficulty, owing to the flow of blood and the involuntary movements of the patient, I was able to introduce a speculum into the meatus, and get a glimpse into the interior. What was my astonishment to find it tenanted by several maggots in full activity! The movements of these creatures against the sensitive structures of the ear was evidently the cause of the pain, and their excavations in feeding the cause of the hemorrhage. The least attempt to remove them by instruments was resisted by them, and as they were immediately set in motion, thereby wriggling against the membrana tympani, the agony caused the patient was too much for human endurance, and he could not be held in the chair. I consequently desisted from such attempts, remembering some experiments I once saw tried upon these larvæ, tending to show their extreme tenacity of life for a time, even when immersed in caustic substances. I wasted no time after a few trials with syringing, but catching sight of a conical ether sponge upon the table, it occurred to me that anæsthesia might do. The sponge was wet with sulphuric ether and held for a few seconds over the ear, when we had the satisfaction of seeing the maggots wriggle from the ear in great haste on removing it. On looking in but one could be seen, and a reapplication of the sponge soon caused him to come out for fresh air. The whole number removed was eight or ten, and as the larvæ were of good size, I can hardly see how they could have been packed away so deeply in the passage."

Since the appearance of Dr. Blake's article, the method has been used with great success, as I have been informed by him, in various parts of the tropics, where such accidents are of more common occurrence than in our northern latitudes. A case was related in a Spanish journal about two years ago, in which larvæ in the *frontal sinus* were promptly expelled by the inhalation of chloroform. Prof. J. Solis Cohen, also, in his work upon diseases of the throat and nose, alludes to the use of anæsthetics in such cases. Of course, this method would apply to the treatment of any cavity of the body which could be invaded by an insect, and if any doubt existed as to the vapor of these drugs being insufficiently diffusible to enter a remote sinus, the operation might be assisted by the use of the spray atomizer. This, however, would seldom be necessary.—*Med. Record*, Dec. 31.

### OTOMYCOSIS.\*

The essential characters of otomycosis comprise a deafness that may be almost complete, ringing of the ears, more or less disagreeable, and peculiar scanty, watery discharge. Itching is a most prominent symptom, and may become intolerable. Whitish membranous masses form in the ear. These are spotted with green, brown, or black, by heaps of sporangia and free spores. These masses removed, the symptoms disappear, or diminish, until a new growth of the cryptogam excites new manifestations. These altera-

tions may continue for years. According to Lowenberg, the affection is, in a great many cases, provoked by the introduction of a fatty body into the external ear, such as olive oil, oil of sweet almonds, etc. This becomes rancid. The neutral fats change into glycerine and fatty acids. Upon these the spores of mould-fungus are deposited and germinate; the mycelial filaments increase with rapidity. To obviate this accident Lowenberg uses glycerine instead of fats. He also describes another source of the affection. Medicinal solutions may contain the spores of *aspergillus*, and convey them into the ear; therefore, L. advises the use of alcoholic solutions, or the boiling of watery solutions immediately before application. To destroy the fungus, he recommends alcohol, which destroys it with certainty. It should be diluted at first with equal parts of water, and gradually used stronger.—*Gas. Heb. d. Méd. de Paris*.—*Archives Dermatology*.

### SUPPURATIVE OTITIS.

Dr. SAMUEL THEOBOLD, American Otological Society: For some months past I have been using very freely in the treatment of suppurative otitis—including in this term diffuse inflammation of the external auditory canal, chronic otorrhœa with more or less extensive destruction of the drum-head, and acute suppurative otitis media with perforation of the membrane—a powder composed of equal parts of boracic acid and oxide of zinc. In most instances the results which I have obtained from it have been exceedingly gratifying; occasionally it has failed to do good, and then, in its stead, I have employed with advantage a mixture of boracic acid and alum; while in one or two cases the boracic acid has been omitted and the oxide of zinc, alone, used with better effect. Usually its application, which was made by means of an insufflator, was preceded by careful syringing, and very often the retention of the powder was secured by stopping the ear with a bit of borated cotton.

One great advantage which this remedy possesses is its very mild, non-irritating action. Alum, boracic acid alone, whether in solution or in substance, and even weak solutions of sulphate of zinc occasionally cause considerable irritation, but the boracic acid and oxide of zinc mixture is so bland that I have not hesitated to make use of it even during the painful stage of otitis media, and, while I have often found that it favorably modified and lessened the duration of this stage, I do not think I have ever seen it cause any aggravation of the pain.—*N. O. Med. and Surg. Jour.*, Dec.

### INCISION OF MEMBRANA TYMPANI.

In accumulations of mucus or pus in the cavity, writes St. John Roosa, in the *Archives of Otolaryngology*, paracentesis carefully and gently performed is a great addition to our means of cure. It is not, however, to be lightly undertaken; mucus may be removed with a little delay by the Politzer bag, and a red and swollen drum-head may be relieved by leeches or scarification. In performing paracentesis the author uses a small needle, and makes the incision just large enough to give exit to the pus, blood, or mucus.—*Louv. Med. News*, Jan. 7.

### EARACHE.

In the American Medical Association, Dr. Jacobi remarked that closing the mouth of infants and children, and simply blowing into the nose, is often a very valuable method of relieving severe earache, and that in a number of cases he had obtained most excellent results from this procedure, the cause of the trouble probably being a catarrhal affection of the Eustachian tube.—*Boston Jour. Chem.*, Jan.

## RESORCIN IN AURAL SURGERY.

Dr. Rossi, of Rome (*Archives of Otolaryngology; Med. Press and Circular*), has used resorcin in more than two hundred cases of purulent middle-ear inflammation, and claims that in his hands no remedy has given such substantial results in this obstinate affection. He employs the drug undiluted, or prepared according to the following formula: Resorcin, 4 parts; water or alcohol, 100 parts. M. Make solution and inject.—*Louv. Med. News*, Dec. 31.

## DISEASES OF THE SKIN.

## PAPULO-SQUAMOUS SYPHILODERM.

Clinic of Prof. DUHRING, Phila.: This man, aged 30, comes to us with a disease of the skin which has existed six weeks, and for which he has been under no treatment. Flat patches and papules slightly scaly occupy the forehead and face, the lower extremities and the forearms symmetrically, the scalp, and the back of the neck. The disease invaded all parts of the body at the same time, all within a week, and has been getting worse steadily.

In endeavoring to make a diagnosis we naturally think of two diseases, viz.: psoriasis and the papulo-squamous syphiloderm. He has never had any disease of the skin before, nor has he, he states, ever had any venereal disease.

If a syphilitic eruption, it might have come on at any time after the second or third month subsequent to the chancre or initial lesion, but it usually comes on much later. The glands now are not involved. He has, however, he says, sore throat, which came on shortly before the appearance of the eruption.

Here, on the leg, we see the characteristic, syphilitic moist papule. It is sharply defined, has a glazed surface, with a central depression marked by considerable induration; it gives the diagnosis at once. Now we look for infiltration, because in the syphilitic papule there is more infiltration than in papular psoriasis. On the forearm we also see flat papules, with a tendency to break down in the centre.

We have here, then, a case where the man denies all knowledge of the primary lesion, and yet it is surely a case of papula squamous syphilis. To distinguish this from psoriasis, we have the fact that the infiltration is here more marked; the papule is more circumscribed and is more papular; and there is a tendency to depression in the centre, which shows the destructive metamorphosis. The lesions, indeed, are often difficult to diagnose from psoriasis. The man should be told of his disease, and what can be done for him in the way of treatment, and he should also be informed of the probable effects of the disease if not properly treated.—*Med. and Surg. Rep.*, Jan. 28.

## IODOFORM IN LUPUS VULGARIS.

RIEHL believes (*Wien. Med. Woch.*, No. 19, 1881) that he has discovered in iodoform a remedy for lupus analogous to mercury and iodine in syphilis, that is, that iodoform causes absorption and transformation of the lupus tissue. In the case of ulcerating lupus tubercles, he places on the part a layer of iodoform 1 to 3 millimètres thick; simple pencilling with glycerine of iodoform is of no use. For deeper infiltration he first, with soap, washes off all fat from the surface, and then pencils the part with a solution of caustic potash (one to two by weight of water) till the epidermis is thoroughly removed, after which he removes the superfluous caustic, dries the part, and

places on it a layer of iodoform 1 to 2 millimètres thick. This he covers with cotton-wool and plaster, and leaves for three to eight days; when, in an ordinary case, he expects the lupous tissue to have disappeared, leaving slight pits. There is no pain, except when the caustic is applied, nor is there any suppuration. The process may have to be repeated twice or thrice in severe cases.—*Can. Jour. Med. Sc., Jan.*

### OIL OF ERGOT IN DISEASES OF THE SKIN.

From an article on "New Remedies in the Local Treatment of Skin Diseases," in the *Cincinnati Medical News*, by Dr. J. V. Shoemaker, of Philadelphia, we abstract the following remarks on the use of oil of ergot:

"Excellent results can be obtained by using the oil of ergot in the acute variety of eczema. Particularly is it valuable in that form in which the part is hot, tumefied, and covered with small vesicles, some of which have burst, and the fluid coming in contact with the surrounding parts has caused considerable irritation. If the oil of ergot is painted over the surface in such a condition, it will exclude the air, allay the itching, constrict the engorged capillaries, moderate the weeping of the part, and prevent the formation of crusts upon the diseased surface. It is a most useful application in eczema of the lips, in which the surface is tumefied and fissured, and readily bleeds upon the slightest movement of the parts. It is also efficacious in cracked nipples. Pieces of cotton saturated with oil of ergot, and placed over the lips or the nipples for a short time each evening before retiring, generally arrests the diseased state. The oil of ergot is a most important remedy in herpes of the genitals. Applied either with a brush or a piece of cotton in this affection, it allays the red, swollen, smarting and burning sensation of the parts by its soothing and astringent action.

"Few remedies are so efficacious as oil of ergot in checking the formation of scales in seborrhœa of the scalp and other hairy parts of the body. If there be an accumulation of scales and sebum upon the scalp, and the hairs be parted down to its surface, the free use of this oil will bring about the most happy results.

"Oil of ergot is also of great service as a local application in erysipelas. Brushing frequently the surface in this disease with oil of ergot relieves, by its soothing and astringent action, the tender and hot sensation, and causes the puffy, dry, and glazed appearance to abate.

"In rosacea, or an enlargement of the blood-vessels and tissue of the face, after making punctures over the patches with a needle knife, and allowing the surface to bleed freely, the application of the oil of ergot will soothe the part, constrict the blood vessels, and thus modify very much the diseased action."—*Medical Herald.*

### TUBERCULAR SYPHILODERM.

Clinic of Prof. Duhring, Phila.:—This man, about forty years of age presents a marked and extensive eruption on the upper lip. There is a great deal of induration, which indicates that the lip is the seat of an extensive cell infiltration. In many places pustules may be seen surrounding the hair follicles. There are also excoriations, fissures, scanty yellowish crusts, and here and there some brownish crusts. These lesions run down the angle of the mouth, extending even upon the chin. On the right side of the upper lip, near the angle of the mouth, we notice an indurated tubercle. Almost the entire surface of the lip is denuded of its hair.

From appearance we should judge that the condition was chronic, and the patient, indeed, states that he has had the disease a little over a year, it being better and worse from time to time.

The disease, situated as it is in this case, may be confounded with tinea sycosis or with sycosis non-parasitica. Therefore a history, together with

the mode of development of the disease, is important. The small tubercle noted above is in no way pathognomonic of the tubercular syphiloderm, as the tubercular formation is also characteristic of tinea sycosis; and, more rarely, of sycosis non-parasitica. The treatment of the tubercular syphiloderm is most gratifying, and in two or three months this patient will have a sound, healthy lip. His treatment will consist of the following:—

**R.** Biniodide of mercury, gr. ss: iodide of potassium, grs. ij or iij; wine of iron, q.s. **M.**

The dose is to be increased as may be necessary. Locally, a mild mercurial ointment, as fifteen or twenty grains of white precipitate to the ounce, may be used.—*Med. and Surg. Rep.*

### PIGEON LICE INFESTING THE SKIN.

**Dr. M. GOLDSMITH**, of Rutland, Vt., sends the following report of a somewhat rare case, to the *Medical Record*:—

Some time last spring, a tall, gaunt, cachectic woman, with a yellowish skin, but pearly white sclerotics, came to my office, complaining of intense itching all over her body, avowing that her trouble was caused by insects crawling over her. I examined quite carefully, but could find none. She maintained, nevertheless, that she had often seen them crawling out of her skin and crawling in again.

As a number of patients happened at the time to be waiting, I told her to go home, and when any more of the vermin began to crawl over her, to catch some of them, put them in a phial, and bring them to me.

In a few days she came again, this time bringing a phial containing a number of small insects, with which, unfortunately, I was not familiar.

Moreover, she said she came prepared to show me the insects crawling out of her skin, for she had found that as soon as she began to sweat, from any cause, they would crawl out of her skin and over it, and that, if I had the time to spare, she would show the going on of the same. I told her I was ready, and forthwith she put on some wraps which she had brought with her, and drinking a bottle of hot tea, drew near the fire, and soon began to sweat.

As soon as the skin began to moisten, small black or brownish insects emerged singly, in pairs, or in triplets, from numerous points. After the sweating ceased, the insects, as the woman asserted, crowded into the skin again. *The points where they entered and emerged were the sweat-pores*, which make cosy nests for them at ordinary seasons, but were apparently not to their taste when deluged with sweat.

I sent the specimens which had been caught, to my old friend, **Dr. John Le Conte**, of Philadelphia, whose inquiry into such questions is a court of last resort. He answered that the insects were *pigeon or hen-lice*.

When the woman came again, she stated, on inquiry, that she had no chickens about her house, but that there were some pigeons nesting in the garret, and that she sometimes handled them and cleaned their nesting places.

The woman was finally directed to get rid of the pigeons, wash the nesting places with tar-water and a solution of corrosive sublimate (twenty grains to the bucketful). As to those upon her person, she was advised to take sweats occasionally, and, when the lice began to scamper about, to rub over her person sulphur powder, made into a sort of cream with tar-water, and to boil her clothes. She has not had further trouble with the lice.—*Med. and Surg. Rep.*

### COMEDONES OR THE PIGMENTARY BLACK POINTS OF THE FACE.

The black points, fleshworms or comedones, which are found in the face, and especially near the nostrils, are not at all produced by the accumulation of the particles of dirt or dust, as has generally been believed, but by pig-

mentary matter which is soluble in acids. It is known, in fact, that black comedones which accompany acne often appear not only on persons exposed to dust or rather careless of their person, but also on chlorotic young girls who live in good circumstances. Besides observation shows that the discoloration not only exists on the surface of old comedones, but descends always to the lower parts. Accepting this fact, Unna has used successfully acids in the treatment of comedones. He generally prescribes:

R. Kaolin, 4 parts; glycerine, 8 parts; acetic acid, 2 parts; with or without the addition of a small quantity of some ethereal oil. With this pomade he covers the parts affected in the evening and if need be during the day. After several days all the comedones can be easily expressed, most of them even come out by washing the parts with pumice-stone soap. The same results can be obtained by bandaging the parts affected for a long time with vinegar, lemon juice or diluted hydrochloric acid.

The author concludes by saying that the acids act like cosmetics as they transform the black color into a brown and yellow shade and destroy it gradually altogether; they produce a quicker desquamation of the horny bed which interrupts the exit of the comedones and brings to the surface the glandular openings.—(Dr. Unna of Hamburg, *Archives de Virchow*).—*Therap. Gaz.*, Dec.

### CREASOTE FOR SYCOSIS.

Sycosis, which is so often treated by epilation, is sometimes cured by repeated applications morning and evening of the following ointment:

Benzoated lard, 0.80 gms.; oxide of zinc, 0.6 gms.; Creasote, 20 to 30 drops.

The affected parts are then covered with courtplaster.—*Paris Méd.*—*St. Louis M. and S. Jour.*, Jan.

### ARSENATE OF SODA IN PSORIASIS.

Dr. GUIBOUT prescribes 1 centigramme of the arseniate with 1 gramme 60 centigrammes of the extract of gentian, dividing into ten pills, of which from two to three are given at each of the three meals; or, instead of the pills, from 1 to 2 tablespoonfuls of the arseniate, 10 centigrammes in 500 grammes of distilled water, may be taken at each meal. The arseniate is to be continued in some forms of the disease for from six to twelve months after the disappearance of the eruption. Repeated purgatives must be given; and if the patient is robust, alkaline preparations; while if he is weak and anæmic, tonics and preparations of iron must be resorted to. As an external application, 10 to 15 parts of pyrogallie acid to 100 of lard may be employed, soapy baths being used every two or three days for cleansing the skin. Juniper oil (*l'huile de cade*) used in frictions twice a day may be substituted for the baths. The treatment should be completed with alkaline baths.—*Union Méd.*—*Med. Times*, Dec. 31.

### USE OF THYMOL IN BURNS.

Dr. FUELLER, of Neukirchhof, a mining district in which burns caused by explosions of fire-damp or powder are frequent, has adopted a mode of treatment of burns by thymol which he has found attended by most favorable results. Each patient, as soon as admitted to the hospital, receives a warm bath. The burnt surface and its surroundings are then washed with an aqueous thymol solution of 1 to 1,000, followed by the application of thymol spray for several minutes. The blisters are not disturbed, but are handled with extreme care. The raw surface is then painted with a 1 per cent. thymolized linseed oil. The patient is then laid on a waterproof mattress, the temperature of the room being kept comfortably warm. Particles of coal or other foreign matter, if not too minute, are, as a matter of course, at once removed. It is often very difficult to so lay the patient that the burned places

are relieved of pressure, and it is frequently necessary to allow him to remain in a sitting posture, sometimes for several days, with support for the chin, or even *à la vache*, by suspending him by means of wide strips of muslin, passing under the chest or abdomen—the strips being fastened above. The application of thymol should at first be repeated every ten minutes, and as it relieves pain very remarkably, the patients themselves call for it. For this purpose we use large, soft-haired paint-brushes. At first the oil is absorbed somewhat rapidly, and as soon as this has occurred a sensation of intense burning follows. The applications are gradually made less frequently; as an indication of their necessity, the appearance of the skin is sufficient. As soon as the oil is entirely absorbed it should be replaced by a fresh portion, as it is important to prevent contact with the air. During the first few days the thymol spray is also applied as often as possible, which does much toward alleviating the pain.—*Dublin Med. Jour.*—*Med. Gazette*, Dec. 8.

#### COMPOUND TINCTURE OF BENZOIN IN FACIAL ERYSIPELAS.

Dr. BULL has revived the above treatment with good success in the erysipelas pavilion at Bellevue. The affected parts are painted with the tincture once or twice a day. As an application to the face he recommends sheet lint dipped in hot lead and opium. Instead of poultices in erysipelas of the extremities, he uses oakum soaked in hot lead and opium, and covered with oiled silk. By this means the moisture of the limb is retained, and a soothing influence exerted over the part.—*Med. Record*, Dec. 3.

#### ERYSIPELAS.—ERGOTINE.

May I be allowed to call attention to the value of a solution of ergotine (℥ in 50), as a local application in facial erysipelas? In an outbreak of that complaint which occurred in my practice a few months back, the relief to heat and pain, the reduction of swelling, and the rapid subsidence of the disease, were most remarkable. I therefore venture to suggest its trial at the hands of other members of the profession.—*Kenneth W. Millican, L. R. C. P.*, in *Brit. Med. Jour.*—*Med. Gaz.*, Jan. 14.

#### ERYSIPELAS.—CANTHARIDES LOCALLY.

One of the best known applications used in erysipelas is 3 j of tincture of cantharides to a pint of soft water. The cloths should be kept wet with it during the entire course of the disease. The redness will usually fade away and the heat and swelling disappear in a very short time. This remedy given internally will often abort the disease. Not more than five drops to a half glass of water (℥iv) and teaspoonful doses every hour or two, should be given.—*Phys. and Surg's Investigator*, Jan.

#### CONIUM BATHS IN ECZEMA.

Two cases were treated by these baths, and the results were found to be excellent. In the first case—a young man aged twenty—the complaint had existed for eight months, and the legs and arms were covered with a lasting angry red eczematous rash. The itching was intense, and various local applications which were used failed in any way to relieve this. A month after admission two handfuls of conium leaves were placed in a tepid bath and the patient was ordered to lie in this for twenty minutes. The result was satisfactory. That night patient slept well. The baths were continued for a week, and at the expiration of that time scales began to form, and the itching entirely disappeared. In another week he was dismissed, with his skin whole.

In the second the eczema was of three weeks' duration. The redness on arms and legs was very marked, and the itching was described by the patient as being intolerable. He was immediately ordered a bath similar to the one



previously mentioned, and the same relief was experienced. It was continued for a week, and the man was dismissed, completely recovered in fourteen days. He complained on one or two occasions of a numb feeling, followed by tingling after having used the baths. In giving the conium baths it is advisable to cover the bath with oiled silk, leaving the head bare. In this way there is no chance of headache from the inhalation of the conium vapor.—*London Lancet*.—*Louv. Med. News*, Dec. 24.

### TREATMENT OF INVETERATE ECZEMA BY MEANS OF IGNIPUNCTURE.

There are cases of eczema which do not get well under any of the ordinary methods of treatment, either internal or local. In such cases Dr. Chalot (*Paris Medicale*, November, 1881,) strongly recommends the destruction of the diseased surface by the following method:

A pointed cautery iron being heated to a white heat, is thrust deep enough to go completely through the skin, and punctures made about one-third of an inch apart. It is essential that the cauterization should be thorough, and not superficial. It is necessary that the inflammation following the operation should leave untouched no part of the eczematous surface.

The cauterization should not be confined to the affected part, but should be extended into the seemingly healthy skin at the borders for a space of one-third to one-half of an inch.

When the surface to be treated is not larger than a silver dollar, a single sitting suffices. When, however, a large surface is involved, there must be several operations at intervals of about a week. After the cautery has been employed the part cauterized is treated by cold compresses like any ordinary burn.

The pain of the operation itself is not severe, if care be taken that the iron be heated to a white heat. The principal pain is on the second or third day after the operation.—*Cin. Lancet and Clinic*, Dec. 24.

### ECZEMA OF THE SCALP.

For the obstinate scurf following eczema capitis, Startin (*Med. Press and Circular*), recommends the following:

Red oxide of mercury, gr. v; creasote, ℥ij; saxcera (a colorless hydrocarbon from petroleum), q. s. M. Apply night and morning. Wash the scalp with warm water and oat meal or yolk of egg, or glycerine soap, and dry before using the ointment. The creasote may be left out after the first week's treatment.—*Louv. Med. News*, Jan. 7.

### ECZEMA.—IODOFORM.

CROCKER (*Lo Sperimentale*), finds this useful in eczema and lupus. He uses:

R. Iodoformi, gr. xv; ol. eucalypt., 3 ss-i; vaselin, ℥i.—*Virg. Med. Monthly*.

### IN SKIN DISEASES, WITH IMPOVERISHED BLOOD.

R. Tr. quiniæ, ℥j; liq. arsenicalis, ℥ 18; ferri et ammon. citrat, grs. 30; aquæ aurantii, ad., ℥ 8. M. Sig. One-sixth part three times a day, after meals.—*Med. Gaz.*, Jan. 21.

### ITCH OINTMENT.

Dr. McALLISTER (*Med. and Surg. Reporter*), recommends the following formula for the itch mite:

R. Hydrarg. bichloridi, 3 ij; pulv. capsici, 3 j; pulv. sulphuris, 3 jv; adipis, lb. jv. M. Mix by gentle heat and keep stirring it constantly while cooling.—*Med. Gaz.*, Jan. 21.

# MIDWIFERY,

## AND DISEASES OF WOMEN AND CHILDREN.

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### MANAGEMENT OF TEDIOUS LABOR.

In the *Edinburgh Medical Journal* of November, 1881, Dr. S. Hamilton makes some suggestions, which his experience has warranted, in the delivery of breech presentations. The use of the forceps in seizing the buttocks is important. An instrument measuring two and three-fourths inches from blade to blade, and one inch at the tips, failed to give firm hold, and he, therefore, uses a pair of Ziegler's, which have been brought together one-eighth of an inch closer in both directions. Although one finger, or two, hooked in the groin is the safest and most convenient instrument, yet when the nates are high in the pelvis, the traction exerted is not great, and in strong primiparæ requires long and exhausting application. As a safer instrument than the bare hook, the author recommends the handle of the common craniotomy crotchet, over which an india-rubber tube is slipped. A soft surface is thus afforded, and the utility of the crotchet is not interfered with. Dr. Hamilton rejects the use of the bandage, or thick tape, usually recommended in these cases, inasmuch as it is liable to do harm to the parts of the child, and, furthermore, is passed with difficulty when the nates are high in the pelvis. He resorts to an india-rubber tube to give soft kindliness to the band and facilitate introduction. A piece of crinoline iron is accordingly given the proper curve; it is then inserted in a small rubber-tube, eighteen inches long, and passed around the groin. Traction can then be employed without fear of doing injury.—*Med. Record*, Dec. 31.

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### MANAGEMENT OF LABOR IN THE VIENNA LYING-IN-HOSPITAL.

In *Le Medicin* for March 12, is given the following as the *modus operandi* in this hospital. As soon as the head appears at the vulva, the woman is made to lie on her left side, her right leg being raised and held by an assistant. The accoucheur, standing on the right of the parturient woman, passes his left hand between the woman's thighs, carrying it forward and applying it against the child's head. He supports the perineum with his right hand; but the resistance thus afforded must not be a passive one. He must, on the contrary, during each labor pain press energetically over the sacrococcygeal region, and pull as much integument as he can over the child's head. Meanwhile, his left hand steadies the head at the vulva and prevents its coming out under the influence of uterine contractions. In the interval between the pains, the head goes back, soon to return again. The forced alternate motion which the head undergoes has for its result the gradual distension and a greater elasticity of the vulva. At last, the head comes out and extension takes place. One must carefully prevent this expulsion from taking place during a uterine contraction, and let the head come out when the pain is nearly over. The perineum must be supported to the end, for the passage of the shoulders is ordinarily more dangerous than that of the head itself.—*Canada Lancet*, Jan.

## MANAGEMENT OF THE THIRD STAGE OF LABOR.

Dr. KABISCHE gives an account of the method in which the third stage of labor is conducted in Professor Freund's obstetrical clinique at Strasburg. It is there considered that the expulsion of the placenta is just as much a physiological process as the expulsion of the child, and therefore it should be left to nature, and not hurried, as has of late become the custom, owing to the teaching of Credé. By waiting the membranes are more perfectly separated from the uterine wall. There is much less danger from hemorrhage than where the uterus is immediately forcibly compressed. In the majority of cases the spontaneous expulsion of the placenta takes place within three hours, and then the vagina is washed out with a five per cent. solution of carbolic acid. A wad of jute steeped in the carbolic solution is applied to the vulvæ. During the convalescence no vaginal or uterine injections are used. Where there is a threatening of post-partum hemorrhage the hand is kept over the fundus of the uterus so as to follow its contractions, but if there is no sign of bleeding the uterus is left alone. The case is watched for from an hour to an hour and a half, and if no bleeding has yet taken place the expulsion of the placenta is left to nature. If necessity demands the immediate removal of the placenta Credé's method is adopted. If any portion of the membranes or placenta is left behind it is removed by the hand, and the uterus washed out with a two per cent. carbolic solution. In these cases the vagina is washed out three times daily with the same solution during the whole period of the convalescence.—*Boston M. and S. Jour.*, Jan. 12.

## EXPRESSING THE PLACENTA.

The method at present in vogue of expressing the placenta is associated indissolubly with the name of Credé, for though the value of friction, of kneading, and compression was appreciated, as their writings show, by Mauriceau, Robert Wallace Johnson, Joseph Clark, Busch, Mayer, and others, it remained for Credé to elevate placental expression to the rank of a recognized procedure of obstetric practice.

Credé's method consists essentially in applying at first light and afterward strong friction to the fundus of the uterus till an energetic contraction is obtained; at its height the uterus is grasped so that the fundus rests in the palm of the hand with the fingers to the front. The exercise of circular compression forces the placenta from the uterus, or in case of failure the process may be repeated until the object is accomplished. It is true that the expulsion of the placenta will, as a rule, occur spontaneously. The unaided uterus is, however, liable to relax and become the source of hæmorrhage; or where the delivery does not take place speedily, it may, on the other hand, close down so as to imprison the placenta within its cavity. The great merit of Credé's method is that by maintaining retraction it prevents hæmorrhage, and by promoting speedy expulsion it guards against the dangers of retention. When systematically practiced the bugbear known as adherent placenta is the rarest of accidents.

The practice is not difficult and is devoid of danger. To be successful, however, expression should be practiced only during a contraction, and the propulsive force should be directed from the fundus downward in the axis of the uterus. Spiegelburg lays great stress on exercising compression of the uterus from the moment the head emerges from the vulva, and not waiting until the delivery of the child is ended. By so doing general contractions are maintained and the detachment of the placenta promoted.—*Lusk's new work on Midwifery.*—*Gaillard's Med. Jour.*, Jan.

## TARDY LIGATION OF THE UMBILICAL CORD.

Dr. J. G. S. COGHILL, in his address in Obstetric Medicine before the British Medical Association, called attention to an extremely interesting and

valuable communication with reference to the time and mode of separating the fetus and umbilical cord which had been made by Ribemont in a recent number of *Les Archives de Tocologie*, and which shows satisfactorily the great influence of the "thoracic aspiration" of the fetus on the umbilical circulation before its ligature. This was first pointed out by Budin, but is denied, among others by Schücking. Determined by the manometer it was found that—

1. Tardy ligature of the cord benefits the child by increasing the quantity of blood which is required for the establishment of the third circulation—that is, the fetal pulmonary.

2. The immediate ligature of the cord deprives the infant of a quantity of blood, larger or smaller in proportion to the time of ligature; and it especially deprives it of necessary blood if the ligature has been applied before the child has breathed.

3. The early ligature of the cord thus compels the abstraction of the blood necessary to establish the pulmonary circulation from the general circulation. The result is a diminution of the arterial tension equal to one-third of the initial tension.

4. The cause of the penetration of the blood into the pulmonary circulatory system of the child is the "thoracic aspiration." This is proved by the constant superiority of the pressure of the blood in the umbilical arteries to that in the umbilical vein. Again, the thoracic respiration is observed to produce considerable oscillations in the tension of the arterial and venous blood. The uterine contractions are utterly insufficient to force any blood along the umbilical vein when the arterial pulsations of the cord have ceased.

5. Thoracic aspiration causes the *sufficient* and *necessary* amount of blood to enter the pulmonary vessels; *sufficient* because under these circumstances tension in the arterial system does not fail; *necessary* because the arterial tension in the umbilical cord of a newly-born child is never seen to rise after tardy ligature of the cord.

Prof. W. T. Lusk, of New York, in corroborating Ribemont's views says that in children born pale and anemic, and suffering from syncope, late ligation of the cord furnishes an invaluable means of restoring the equilibrium of the fetal circulation.—*Br. Med. Jour.*—*Louv. Med. News*, Dec. 3.

## RETENTION OF URINE IN THE FIRST MONTHS OF PREGNANCY.

The retention of urine in the beginning of pregnancy is not very rare but it is often overlooked, and is frequently the cause of errors of diagnosis.

M. Broussin has published an interesting paper on this subject in the *Archives de Médecine*. From the cases which fell under his own observation, and from those which he was able to collect, the author concludes that retention of urine shows itself as a rule about the third or fourth month of pregnancy. Sometimes it appears suddenly, but often gradually; very often, after prolonged work or great fatigue, urination is found to be impossible. In some cases, such as those observed by Dr. Larmande, urination becomes more and more difficult, and there is partial retention which does not become complete. Once set up the affection shows symptoms such as is seen in retention from any cause. If retention is complete from the beginning, it may be several days before we have such a filling of the bladder that the urine forces its way through the urethra and an overflow is established. In one case observed by M. Sirédey this was not the case until there had been a full week's retention.

If the retention is partial, the patients continue to urinate, they even pass an abundant quantity of water, but their abdomen grows larger, the bladder is enlarged and finally cystitis is set up.

When overflow of the bladder once begins, the attention of the patient and sometimes even that of the physician is not directed to the true cause of the trouble but an incontinence of urine is first thought of. The urine dribbles away, the abdomen is enlarged and painful, and sharp pains are felt which radiate from the abdomen to the knees. The general health suffers. The

appetite is gone. There is excessive thirst and often obstinate constipation. At times anasarca may come on. In one case observed by M. Broussin, the whole body below the umbilicus was anasarcaous. In other cases there is general œdema, even the arms may become swollen and anasarcaous.

This œdema, first noticed by Trousseau, is often found where there has been complete retention for some days. When it is confined to the lower limbs it can be readily explained by the pressure exerted on the vena-cava, but when we have general œdema, this explanation does not suffice. A very rare complication is gangrene of the bladder.

These cases of retention of urine are caused as a rule by pressure on the urethra by the enlarged uterus, especially when we find a decided inclination of the axis of the womb. In other cases the retention may have a nervous origin, as is not infrequently observed in cases of hysteria; and finally a hyperæmia of the neck of the uterus and of the pelvic organs might be the cause of it.

The diagnosis of retention is as a rule easy, if the attention of the physician is drawn to that condition.

The treatment consists in the use of the catheter and rest. Very often we find polyuria which may last some time after the relief of the retention. The œdema disappears gradually.—*Jour. de Med. et de Chir.—Cin. Lan. and Clin., Jan. 21.*

### NITROUS OXIDE IN MIDWIFERY.

Dr. S. KLIKOWITSCH (*Archiv für Gynäkologie, XVIII., 1, 1881*), claims that the use of nitrous oxide gas in midwifery is attended by the following advantages: First—Perfect freedom from danger to both mother and child, unattended by disturbance of parturition. Second—Unquestionable anodyne action in all stages of labor. Third—Consciousness is not diminished during the highest degree of anæsthesia obtained by mixing oxygen and nitrous oxide gas. Fourth—Complete absence of vomiting and in many cases control of already existent vomiting. There are no unpleasant prodromata or sequelæ. Fifth—It has not any cumulative action. Sixth—The administration of nitrous oxide gas by a non-medical person is permissible.—*Chicago Med. Rev., Dec. 20.*

### ATROPIA TO RESTORE THE CIRCULATION IN COLLAPSE.

Dr. ERICH related to the Med. and Clin. Faculty of Maryland the following case, as illustrating an important point in the treatment of collapse after labor due to acute anæmia: The patient (like those already cited) had been in the hands of a midwife. She had been bleeding profusely and was cold, with great thirst and perspiration. A bandage was applied around the abdomen over a potter's bag (the bag inflated), and the vagina tamponned. The idea occurred of using atropia, with a view of checking perspiration and restoring blood-pressure in the body. With this view,  $\frac{1}{160}$  grain doses were given hypodermically, and with striking results. As soon as the perspiration ceased, the warmth in the surface returned. It was three months before the patient was able to resume her work. Auto-transfusion was also practiced in this case by bandaging and elevating the patient's lower extremities, and elevating the feet of the bedstead.—*Amer. Med. Jour., Jan.*

### FEEBLE PAINS—QUININE.

Never in a single instance have I seen quinine excite uterine contractions in utero-gestation. When, however, at full term the pains are feeble and inefficient, presaging a tedious and exhausting labor, quinine in ten or fifteen grain doses certainly does in a marked manner increase the energy of the uterine contractions. And in relaxed conditions of the uterus after the labor

is over, it tones up the organ and thus tends to prevent post-partum hemorrhage. So also when the lochial discharge is abnormally copious and exhausting, I prefer it to ergot in its power to stimulate the weeping uterine vessels.—*Prof. W. T. Howard, Gynecological Transactions.—So. Pract., Dec.*

#### AFTER-PAINS—CITRIC ACID.

Dr. J. B. CHAGNON recommends, through the *Canada Medical Journal*, citric acid for after-pains, and states that it has never failed in his hands. He gives five grains of the acid in two or three ounces of water, every five hours. It acts as a nervine, he says, and as a preventive of inflammation.—*Med. Brief, Dec.*

#### VIBURNUM AND CHLORAL IN THE TREATMENT OF MISCARRIAGE.

R. Fl. ext. viburni prun. fol., fl. 3 iv; chloral hydrat, ʒ iv; syrup aurantii cort., ad., ʒ ij. M. Sig. Tablespoonful every two or three hours. Dr. Cullen cites a case in which this combination saved a woman from miscarriage at the seventh month, after dilatation of the os had reached a diameter of three-fourths of an inch.—*Louv. Med. News, Jan. 7.*

#### EROSIONS THREATENING PREGNANCY.

Dr. WILSON reported at a recent meeting of the Baltimore Academy of Medicine a case showing the advantage of treating erosions of the cervix uteri during pregnancy. A lady suffered from hemorrhages due to erosion of the cervix and its canal during pregnancy. In a former gestation they had been so profuse and exhausting that he found it necessary to bring on labor at the seventh month. In the present instance the cervix was soft and patulous, and bled when touched. The treatment consisted in applying chromic acid and Monsel's solution, alternating with iodine, to the cervical canal, but not above the os internum. Such applications were made once a week for five or six weeks, at the end of which time the erosion had healed, the bleeding had ceased, and the patient was advancing safely to term.—*N. Y. Med. Jour., Jan.*

#### TREATMENT OF POST-PARTUM HEMORRHAGE.

Dr. JOHN BASSETT writes to the *British Medical Journal* that his rule is to submit patients who are liable to flood to a course of treatment extending over one or two months preparatory to delivery; to give iron in combination with an alkali where the patient is thin and unable to digest much fatty food, and with an acid when the patient is stout or the body covered with fat. Before the introduction of the treatment by Dr. Barnes of the perchloride injection we had to rely upon pressure, cold, and ergot. Dr. Bassett found on many occasions that pressure of the abdominal aorta by the forefinger of the right hand was the easiest and quickest method of checking the hemorrhage; and that pressure and friction of the uterus threw it into a state of spasm, which expelled the clots, and permitted the flooding to go on unchecked. In such cases ergot and opium were given in combination or alternately with the greatest success. In other cases cold seemed to effect the desiderated uniform and regular contraction of the uterus. \* \* \* As regards the general question of post-partum hemorrhage it may be described broadly and briefly as arising from two causes. First, certain circumstances which occur during the process of parturition give rise to it; secondly, certain conditions existing in the mother's system are known to cause it, arising from malnutrition or the retention of effete products, producing an alteration in the chemical

and physical properties of the blood, a defective or deranged action of the nervous system, and a want of tone and power in the muscular fibers of the uterus. The first of these causes is to be combated by attention to the details of delivery, and the second by putting the patient in a healthy state before parturition by preparatory treatment.—*Louv. Med. News*, Jan. 14.

### PUERPERAL INSANITY.

From a Paper read before the Montgomery County Medical Society, Nov. 14, 1881, by J. M. CARR, M. D., First Assistant Physician to the Dayton Asylum for the Insane.

#### SYMPTOMS.

In the acute form of the mania which succeeds parturition, we observe an intensity of mental excitement, an excessive incoherence, a degree of fever, and, above all, a disposition to mingle obscene words with broken sentences, things which rarely occur under other circumstances. It is true, that in mania, modest women use words which in health are never permitted to issue from their lips; but in puerperal insanity this is so common an occurrence, and is done in so gross a manner, that it is very characteristic. The patient being noisy, restless, sleepless, and evincing very little method in what she says; she snatches at anything near her, tosses the bed clothes off, starts up and will not remain in bed, catches up in a quick but utterly meaningless way a word or two of what is said to her or in her hearing; the talking will gradually become almost incessant, and generally on one strain of subjects, such as imaginary wrongs done to her by her dearest friends; a total negligence of and often very strong aversion to, her child and husband, and if her child is incautiously left in her charge, it falls a victim to her frenzy in a great many cases. The homicide is an act of much the same character.

#### TREATMENT.

But do all we can to prevent it, our efforts have had no effect on the approach of the disease, and we have a full developed case of puerperal mania to deal with. One of the first things to do is to keep the patient in as complete a state of *quietude* as possible, place her in a room partially shaded, and into which no one shall be allowed to enter except the necessary attendants and nurses. You must then try and find out the condition of the bladder and state of the bowels, and if constipated, as they are in the majority of cases, with a coated tongue, and offensive breath, you must commence your attack upon the disease by thoroughly cleansing the bowels with a good magnesia and aloetic purge, as Dr. Sheppard says, "the least interesting of our visceral territories, known as the rectum, does contain vaster mines of that which may fertilize the soil when bounded in front by a uterus than when fronted with spermatic cords." You must next procure sleep for the patient. In olden times blood-letting was resorted to, to control the excitement, but it has no advocates now. Dr. Gooch says, that he "never met with a case requiring it." Opium, morphia, hyoscyamus, Dover's powders, cannabis indicus, tartarized antimony and chloroform, have all been used, and some of them with good effect in some cases. But all these remedies as hypnotics are "dwarfed into insignificance by the giant, hydrate of chloral"—in every sense a more satisfactory remedy, and the *sheet anchor* in the asylums to produce sleep. It leaves fewer unpleasant after-effects. It does not produce headache, nor constipate the bowels, nor impair the digestion and produce nausea, which opium does in most cases. We generally give from thirty to forty-five grains of hydrate of chloral at bed time, and it most always gives the patient a good night's rest; and as there is a tendency to exhaustion, plenty of nourishment must be given, beef-tea, egg-nog, and all the milk they will drink, and very often tonics, iron, bark and quinine, are found necessary. In cases that are very excitable, noisy, and going from place to place we use the following mixture with very good results:  $\mathcal{R}$ . Ext. conii, ft.  $\mathfrak{z}$  j; spti. frumenti, f.  $\mathfrak{z}$  ij; syrup simp.,  $\mathfrak{z}$  ij; aquæ bullion,  $\mathfrak{z}$  xi; ferri sub. carb.,  $\mathfrak{z}$  vj; oleum piperitæ,  $\mathfrak{z}$  j. Mix the conium, syrup, spts. frumenti and iron and then add the water. Dose  $\mathfrak{z}$  ss three times a day.

And when there is a strong tendency to exhaustion, as it is in a great many cases, with excessive muscular efforts of the patient, her almost total deprivation of sleep, and obstinate refusal of food, it is necessary under these circumstances to restrain the motions by using restraints of some kind. The nasal-tube must be passed through the nostril, and a pint or more of milk, beef-tea, or other liquid nourishment, be injected into the stomach twice or three times a day, and at the same time you can throw in your medicines.

The nasal tube when passed through the nostril does not prevent the patient from talking if she wants to, all the time you are feeding her.—*Cin. Lancet and Clinic.*, Dec. 10.

### IMPORTANCE OF NEPHRITIS IN PREGNANCY.

M. HOFMEYER contributes a very important memoir on this subject, (*Zeitsch für Geburtshülfe und Gynäkologie*, Bd. III., p. 259).

The author found that 137 cases of nephritis occurred among the 5,000 women delivered at the Maternity of Berlin, from October 1st, 1867, to April 1st, 1878, and that 104 of these cases were complicated with eclampsia.

Of the 33 cases uncomplicated with eclampsia, 11 of the women succumbed, and 20 out of the 35 children were still born, or died soon after birth. The author concludes from these facts that, independently of the eclampsia, nephritis, during pregnancy constitutes in itself an imminent danger to the life of the mother, and also of the child. Nevertheless, such is not the opinion of Rosenstein and Bartels, who make no mention of a fatal termination, and seem rather to dread the passage of the disease from the acute to the chronic form.

In effect, during pregnancy, two forms of nephritis occur: 1st. The acute form, characterized by the usual signs of acute parenchymatous nephritis, and almost always accompanied by eclamptic convulsions. The prognosis is favorable, and the malady lasts a few days, or a few hours.

2d. A chronic form which appears during the closing months of pregnancy, by œdema of the inferior limbs, mounting often to the labia majora, which may become enormously enlarged.

At the same time serious effusions take place in the great cavities, particularly in the abdomen: derangement of vision, bronchial catarrh, and internal dyspnœa supervene.

The quantity of urine is diminished and it contains albumen, sometimes in very large proportions. Of the 137 women cited, 46 presented this form of nephritis, and 31 of these had eclamptic convulsions; 10 of these 31 died, and of the 15 who did not suffer from eclampsia, 8 died. 28 women then survived, but 15 of these presented signs of chronic nephritis when they left the hospital, and but 8 were completely cured when discharged. But 15 of the 46 arrived at term, 30 miscarried, and 17 of the children were not viable.

From these facts the author concludes that in this form of nephritis but one treatment is truly efficacious; the induction of premature labor. At what moment should we intervene? At the latest possible period, in the interests of the child. We should be guided by the intensity of the morbid phenomena. The gravity of the symptoms justifies such intervention, even at a period when the child is not viable.—*Med. and Surg. Rep.*, Dec. 10.

### SELF-ABORTION.

The denial, by many authorities, of the possibility of a woman producing self-abortion, has induced Dr. William H. Hardison, of Richland, Ark., to give, in the *Louisville Medical News*, Dec. 10, 1881, the particulars of a few cases which will illustrate the fact that a woman can, not only produce self-abortion, but can do so scientifically. Says he:

In the fall of 1877 I saw Effie D., 18 years of age. Four days before my first visit she miscarried, which was followed by puerperal peritonitis, for  
IX.—10



which latter trouble I was called to see her. Her elder sister gave me the following account of the case: Out of wedlock she had become pregnant. When three months gone in pregnancy, she sought to produce abortion by the advice of an old woman, who told her to get a round stick, as large as she could introduce well into the vagina, round and smooth at one end, then introduce it, and "job" the mouth of the womb with it as hard as she could "stand" it, and to repeat the procedure three or four times a day, until the desired effect was produced. After the third day's "jobbing" she was taken with labor-pains, and within eight or ten hours abortion was completed.

The following case shows the application of scientific means to create self-abortion:

In the spring of 1879, I was summoned by a servant girl, in great haste, to see Mrs. G., the wife of a railroad man, who she said was in a dying condition. I found the patient unconscious, and while examining for a cause of her condition, I noticed that she was having something very much like labor-pains. I inquired of the servant if the patient was in the "family way," but she said she didn't know, and all I could learn from the girl was, that while in an adjoining room she heard the patient scream, and when she got to her she was in the unconscious state in which I found her. I was soon convinced, however, that my patient was having labor-pains, and at once made a digital examination; and you may judge of my surprise when I found what subsequently proved to be a small, rounded piece of whalebone, ten or twelve inches in length, protruding from the vagina. Further examination revealed the smaller end lying loosely in the mouth of the womb, which was considerably dilated. I removed the whalebone, and in ten or fifteen minutes the womb expelled a fœtus of perhaps three and a half or four months. My patient soon rallied, and became very talkative and free to *explain*, after the servant girl, who was the only other person in the house, left the room. She explained as follows: Three years previously, while residing in Chicago, she went to full term in her *first* pregnancy, and the child had to be taken from her in pieces. In a year she again became pregnant, when, upon consulting her physician, the same who attended her before, he advised the propriety of an early abortion, to which she and her husband readily agreed. She was then about three months advanced, and the operation was performed by the physician introducing a long, flexible instrument (perhaps a gum elastic bougie) into the womb and leaving it there; she lying in bed from the time of its introduction until she aborted. Again becoming pregnant, having left Chicago, being about three months advanced, and fully determined on abortion, she decided to undertake the operation herself. I will say just here, that she was a woman of unusual intelligence, and knew more about herself than most women do about themselves. So she procured the piece of whalebone and prepared it very nicely; she then went to bed, and with the forefinger of the left hand found the mouth of the womb, and with her right hand succeeded, after a while, in introducing her improvised probe. In about three hours she began to feel some pain, which gradually grew worse, and the last she remembered until "all was over," was a very severe pain which seemed to extend from her womb to her head.

A very common practice among the negro wenches of the South inducing self-abortion is by jumping from high places, such as a fence or a gate-post, to the hard ground. I believe that a very large majority of self-abortions as well as all other superinduced abortions are produced by the use of oxytocics, principally cotton-root and ergot. I think I am warranted in estimating the proportion of self-abortions as at least one-third of all that are superinduced.—*Med. and Surg. Rep.*, Jan. 14.

### WET NURSES.

From Clinical Lecture, delivered at the College of Physicians and Surgeons, New York,  
by Prof. A. JACOBI, M.D.

This woman is expected to take the place of a wet-nurse, and I have taken the opportunity of presenting her to you with her child, in order that I might

say a few words on a very important subject. In choosing a wet-nurse, one of the first things that you ought to do is to look at the baby of the woman who presents herself for the place. I will show you some changes in this baby which look suspicious. Hereditary syphilis is very common in a great city, and of course in case you were to discover it in the child you would not engage its mother as a wet-nurse, for although the father might infect the child without the mother, yet the disease would be communicated to the mother afterward through the medium of the child. Hereditary syphilis usually develops during a period included between the fourth and eighth week of life, but its development is sometimes retarded until after the third month. One of the first symptoms of syphilis is roseola, or, if not that, a yellow discoloration of the skin attended by desquamation. Another very common symptom is the appearance of fissures around the mouth and anus, rhagades, as they are termed. One of the earliest symptoms, at birth or a few days after, is a pemphigus which affects the palms of the hands and the soles of the feet, also psoriasis occurring in the same localities. Such affections as these do not necessarily mean much in later life (unless they are palmar, when they may be attributed to syphilis). When they are general they are not of syphilitic origin. Even if after examining a child you were to find only what may have been the results of such local affections, such as a little discoloration and desquamation, you ought to be on your guard, for it may be that the child has had anti-syphilitic treatment, and has partly recovered. Now this baby has suspicious spots on the palms of its hands and some soreness there. The mouth and anus appear to be free from any appearance of rhagades, but there are spots of desquamation on the feet, although not so bad as on the hands. Now in the presence of such symptoms as these it is necessary to decide whether or not this child is syphilitic. If she is the mother cannot be recommended as a wet-nurse. The mother says that the child has only had these red spots of desquamation a week or two, and it is also reported that she has had little blisters over her body, prickly heat she calls it. The child has not been under treatment at all, and there appears to be no other symptom of syphilis except this peculiar appearance on the palms of the hands. There is no coryza nor roseola, nor has the child ever suffered from anything of the sort, nothing else besides these suspicious-looking spots and this desquamation. Is this syphilitic or not? It seems to me that it is not, because, as the child has had no treatment, if hereditary syphilis were the cause of these spots it would have given origin to other symptoms besides. There has been a great deal of solar eruption lately, and after that the skin is apt to peel just as it has done here. As far as the hands are concerned the occurrence of such phenomena, then, are certainly suspicious, but remember that in the young infant and fœtus the flexor muscles are far more active than the extensors, and the flexion amounts sometimes to almost a contraction. If you allow a child to take hold of your finger it grips it with an almost convulsive grasp. Now the nails of this baby are rather long, and when its flexors contract the nails are driven against the palm of the hand, and this has, I think, been the cause of the psoriatic appearance in this situation. I think that the long nails account for this condition of things, and I conclude from the absence of any other symptoms that it is not of syphilitic origin, and it is accordingly safe to recommend this woman as a wet-nurse.—*Boston Med. and Surg. Jour.*, Dec. 29.

## DISEASES OF WOMEN.

### EXPLORATORY PUNCTURE OF THE ABDOMEN.

At a recent meeting of the American Gynecological Society, D. H. I. Garriques, of New York, read a paper on the above subject; the following abstract we take from the *Medical Record*:

The author had examined the fluid of a large number of ovarian cysts and compared it with that found in other abdominal tumors and with fluid from collections in other parts of the body.

Myxoid proliferous cystoma, being by far the most common variety of ovarian cysts, was discussed in detail. As a rule the physical characters are so marked that the fluid can be recognized by its mere appearance. The most important physical character is the viscosity, but it may be absent in ovarian cysts and found in other cysts.

Ovarian fluid does not contain any characteristic chemical element. The coagulability has a certain diagnostic value. The test claimed as characteristic for ovarian cysts, that the coagulum is redissolved in boiling acetic acid, is utterly unreliable.

Of much greater importance is the microscopical examination. It is only by studying the cyst-wall that the nature of the formed elements found in cyst fluid can be understood. The most important are columnar epithelial cells seen in side view. The corpuscles, known as Drysdal's granular ovarian cells, are merely nuclei in fatty degeneration, and have no diagnostic value. The author has been able to follow their origin from the time when they are yet imbedded in the epithelial cells on the inside of the cyst.

The spindle-shaped cells, smooth muscle-fibres, have been claimed to be pathognomonic of fibro-cysts, the author has found in the fluid of an ovarian cyst. There is no pathognomonic morphological element in ovarian cyst fluid, but in the great majority of cases ovarian fluid can be distinguished from all others by the mere examination, and, combined with the data gained by the history and physical examination of the patient, the examination of the fluid is of paramount diagnostic value.

There was no means of distinguishing a cyst of the broad ligament from that of the ovary by the nature of the contents.

An instantaneous and complete coagulability is characteristic of uterine fibro-cyst, but has only been found in a minority of cases. Columnar epithelial cells have never been found in uterine fibro-cysts.

The advantages to be gained by examination of the fluid are so great that it ought to be undertaken in every case before operation. By using a fine canula and aspirator, and pushing the trocar in slowly, the danger of wounding vessels is exceedingly small. The real danger is from carrying septic matter into the interior of the body, and that could be avoided by antiseptic precautions. The whole amount of fluid found in the cavity opened ought to be withdrawn in order to avoid the pouring out of the remainder into the peritoneal cavity. After the operation the patient ought to stay four days in bed, in order to further guard her against peritonitis.—*Med. Herald, Dec.*

#### TREATMENT OF HEMORRHAGES PRODUCED BY EPITHELIOMA OF THE WOMB.

At a conference held at the Institute of Operative Therapeutics, at the Hospital de la Princesa, according to the *Siglo Médico*, the following remarks were made in regard to the treatment of hemorrhages due to uterine epithelioma:

1. Art can afford great relief to patients suffering from uterine epithelioma, though the disease is incurable.
2. Ergot is of no value in these cases, because the dry and scirriform uterus infiltrated with epithelial cells which cause the atrophy and destruction of the contractile fibro-cellular elements, over which, in the normal state, ergot exercises its action, contracting the vessels and diminishing their calibre.
3. Chlorides of zinc, in the semi-fluid form, not in solution, should be used; plugs of cotton are to be rolled, smeared with the chloride, and applied to the affected surface, taking care to prevent dripping.
4. Hemorrhage is checked in this manner; other procedures are totally or almost useless.
5. Such bleedings may terminate life, if not attended to.
6. Chronic hemorrhages, or those which are repeated at greater or less intervals, establish a certain tolerance of the organism, and if the patient does succumb to them, it is not immediately, though they do not

receive treatment. 7. The natural and inexplicable tendency which hemorrhages have of recurring and ceasing spontaneously has endowed many drugs with hæmostatic virtues, although they may be useless if taken by the mouth, and of but little value topically applied. 8. The more hemorrhages are prevented, the longer will the fatal issue be deferred.—*Med. Record, Jan. 21.*

### REMOVAL OF UTERINE APPENDAGES FOR THE ARREST OF UTERINE HEMORRHAGE.

In the *American Journal of the Medical Sciences* for January, 1882, there is an elaborate and interesting paper on this subject, by Mr. Lawson Tait, in which he advocates in the strongest terms the removal of the uterine appendages for intractable uterine hemorrhage. He reports thirty-one cases, in four of which death occurred, while in all the others there was either complete arrest of the hemorrhage, or marked improvement, with the exception of one case, in which he operated for hemorrhage due to malignant disease, a mistake sure to occur occasionally in the most experienced hands. In most of the cases, ergot and potassium salts had been used without benefit.

In these cases Mr. Tait apparently demonstrates that, as far as its primary results are concerned, removal of the uterine appendages for the arrest of intractable uterine hemorrhage is an operation which is quite as easily justified as any of the major operations of surgery, and that, as far as its secondary results are yet known, it is an operation which yields abundant encouragement for its further trial.

As conclusions which are indicated, but not wholly proved, the statement may be formulated that removal of the ovaries alone is not sufficient to arrest menstruation, but that removal of both tubes and ovaries does at once arrest it. As far as some of these cases have gone the arrest would seem to be permanent. This conclusion is quite in harmony with what is known of removal of both ovaries for large cystomata, for in such cases the tubes are almost uniformly included in the clamp or ligature, and menstruation is arrested. Three at least of the cases, and probably two others, show that the arrest of menstruation by this means leads, or may lead, to the atrophy of the tumors.

Finally, there is some close connection, here pointed out, it is believed, for the first time, and worthy of very clear study, between uterine myoma and its accompanying hemorrhages, and cystic disease of the ovaries. In two of the cases the cystic disease seemed to be the cause of the hemorrhage, without any myoma intervening.

Another important point, to which attention is drawn by Mr. Tait, and one which deserves close study, is that menstruation and sexual feeling may persist even after the removal of both ovaries; a point which, if correct, would invalidate a reproach which is often urged—one which may be merely sentimental in view of the advantages gained—as to its implying the unsexing the patient.—*Med. Gazette, Jan. 28.*

### STENOSIS OF CERVIX UTERI.

Dr. AHLFELD reports (*Arch. f. Gynäk*), that he has lately been treating stenosis of the cervix uteri by dilatation with bulbous hard-rubber plugs. He has them made of different sizes and curvatures, numbered according to the diameter of the bulb in millimetres. The bulb is the largest part, and the theory of their action is that, one being inserted a millimetre or more larger in diameter than the constricted portion of the canal (generally the os internum), it acts as a foreign body and is expelled gradually, thus producing dilatation. Some little force is used in inserting the plug, but an anæsthetic is not required, nor need the patient abstain from her ordinary occupation. The process of expulsion is usually finished within twenty-four hours, and is not attended with severe pain, as the plugs, being tubular, allow of the

ready escape of fluids. On the escape of one, another is inserted of larger diameter, and the process is continued until a diameter of six or eight millimetres is reached. He has used them in as many as a hundred cases, and has met with no accident, but slight loss of blood often occurs, and the menstrual flow is hastened. The plug is dipped in a hot five-per-cent. solution of carbolic acid before it is inserted.—*N. Y. Med. Jour.*, Jan.

### TREATMENT OF PURULENT ENDOMETRITIS WITH ULCERATION OF THE CERVIX.

Dr. CHÉRON remarks that patients suffering from a purulent discharge, the result of endometritis, with or without ulceration, are frequently unable to bear injections of such substances as coal-tar, which are particularly apt to dry the secretion. In such cases Dr. Chéron finds it useful to employ the following solution of tannic acid in glycerin:

Tannic acid, 60 grams; Sydenham's laudanum, 10 grams; Neutral glycerin, 850 grams.

Dissolve the tannic acid in the glycerin by means of heat, without using water, then filter and add the laudanum, viz., one or two desert-spoonfuls to be added to a litre of warm water; injections to be made morning and evening. The effect of the injections is to cause a rapid diminution of the purulent secretion. The pruritus and irritation of the external parts disappear, whilst the sensations of weight and pain are less felt after a few days. If there be no ulceration, the dose of laudanum may be increased to twenty, or even to thirty, grams, without inconvenience.—*Le Progrès Méd.—Med. Times*, Jan. 31.

### UTERINE DISPLACEMENTS.

Dr. HERRICK, in *Obstetric Gazette*, says: Until lately it has been considered quite a knack in some instances to reduce a displaced uterus, especially if that displacement was a version of any kind; and much has been written upon the different methods and instruments for that purpose. Now, while others may have practiced putting the patient in the knee-chest position and allowing the uterus to right itself by gravitation, aided by pressure in the vagina, to Dr. Campbell, of Georgia, belongs the credit of discovery, for he was the first, I believe, to proclaim it as such to the profession, and I hail it as a discovery, and a valuable one; for if practiced properly it will, in every instance, reduce any and all forms of displacement of the uterus, without the aid of either speculum, sound, or probe. After it is once replaced, it requires very little force to retain it there, and it is wholly unnecessary to load down the vagina with heavy pessaries of any kind, or to use uterine supporters with spring enough in them to run a saw-mill! What is required is something with just enough force to help retain the uterus in its natural position. But we should rely in part upon the natural supports, and by simply helping them they will become strong enough themselves, with proper treatment and partial use. The muscles of the vagina are like muscles anywhere else. If they are totally unused, they will become, after a time, paralyzed and no longer able to contract; hence, in using pessaries, or uterine supports of any kind, one should choose those that distend the vaginal walls the least and at the same time that have strength enough, and none too much, to prevent the organ from becoming displaced after being placed in proper position. In almost all forms of displacement, the uterus is more or less enlarged and distended with blood, and by passing a sound one will almost always find the canal of unusual depth; and when this condition is overcome the normal supports will, as a rule, hold it in its proper place without any artificial aid, unless there is a torn cervix, or ruptured perineum. A few years back, and this would have called for caustics and cold vaginal douches. Now we think we can do better with milder means, and instead use warm water injections, a gallon at a sitting, three or four times a

day, with mild ointments, composed of vaseline as a base, to which we add almost any medicine that suits our fancy. A favorite prescription with me, to apply locally in such cases, is vaseline or cosmoline 2 ounces, hyd. chloral 2 drachms, tinct. iodine 1 drachm. Apply to the os and neck upon cotton. I have found that this preparation quickly relieves all tenderness and pain, and I believe helps to reduce the abnormal size of the organ.—*Med. Brief. Dec.*

### PROLAPSE OF THE UTERUS.

In prolapse of the uterus, M. Chéron, of the St. Lazare Hospital, besides the application of a pessary to keep the organ in position, prescribes the following liniment in order to ease the neuralgic pains from which many patients suffer:—chloroform, three drachms; ether, four drachms; camphorated spirits, three ounces. These frictions on the lumbo-sacral region are attended with the best effects. Also to restore the tone to the relaxed ligaments he gives—bromide of potassium, a drachm and a half; tincture of iodine, fifteen drops; tincture of aconite, twenty-four drops; syrup of tolu, ten ounces. A tablespoonful before each repast.—*Med. Press and Cir.—Med. Times, Dec. 31.*

### DEVELOPMENT OF A SINGLE BREAST IN GIRLS.

M. Desprès took occasion of the presence of a girl at his clinic to draw the attention of his class to a circumstance that causes alarm to mothers, and is judged wrongly even by physicians. This was an example of the development of one breast at the age of puberty, when the belief is often entertained that this arises from the presence of a tumor. The girl was thirteen years of age, and was brought to the hospital under the idea that she had a tumor of the right breast, the left one not yet having undergone any change. Her attendant had prescribed iodide of potassium. M. Desprès at once assured the mother that it was only the natural development of the organ, and would be soon followed by the appearance of the menses and the development of the other breast. He observed to his class that while it is natural for mothers to be deceived in these cases, it should be impossible for the surgeon to be so. In fact there exists under the breast a regular prominence in the form of a movable disk on the chest, without the slightest adherence to the skin, and accompanied by no pain whatever. The nipple is exactly in the center of the tumefaction, and although the developing gland is resistant, it is never irregular and never presents lumps. A tumor of new formation, such as a sarcoma, is always harder and is never found exactly in the center of the mammary region.—*Gaz. des Hôp.—Louv. Med. News, Jan. 21.*

### OVARIOTOMY DURING PREGNANCY.

What shall be done with a simple ovarian cyst, or a compound ovarian tumor (solid and fluid), coexisting with pregnancy, are questions discussed by Dr. Wilson, in his paper, reprinted from vol. v. of the "Gynecological Transactions," 1881. In the case of an entirely cystic ovarian tumor, the author advises removal in preference to repeated tapplings, as he also does in cases of compound tumor whose adhesions are not extensive and firm, and where the fluid largely predominates. In tumors, either solid, semi-solid, or both, and so large as to impede the growth of the uterus, Dr. Wilson would prefer ovariectomy to the induction of premature labor. The important element in prognosis in cases of ovarian tumor coexistent with pregnancy is the extent of adhesions to adjacent parts, not whether the tumor is solid or fluid. From what the author says, it will then be seen that he holds, where pregnancy supervenes on an ovarian tumor so large as to endanger the life of the mother before she can reach to term, it is better to perform ovariectomy within

the first three or four months after conception, than to tap or use other temporizing means in the effort of carrying her to term. Tapping he objects to, because each operation of this kind is followed by new and stronger adhesions to neighboring organs, and each adhesion adds to the danger of a subsequent ovariectomy. The statistics of ovariectomy during pregnancy show excellent results for both mother and child (deaths, five women and nine children; saved, twenty-four women and twenty children). Dr. Wilson thinks that with modern operative improvements, etc., the number of deaths of mothers might have been reduced to three. Statistics also seem to show that ovariectomy in pregnant women, previous to the sixth month, is more successful for the mother, and vastly more successful for the child than the same operation at a later period.—*Med. Record*, Dec. 24.

### HINTS FOR THE DIAGNOSIS OF OVARIAN TUMORS.

Dr. A. MACDONALD gives the following hints in the *Edinburgh Medical Journal* for November:

1. *Pregnancy*.—The possibility of pregnancy, the signs and symptoms of pregnancy, and waiting if in doubt, place the diagnosis beyond possible mistake, with a fair measure of care.

2. *Fibroid*.—A large fibroid with solid walls, leading to general enlargement of the uterus, is easily diagnosed. The increased length which the sound enters, the fact that the uterus moves with the sound, the peculiar feel of the uterus, and the nearly constant menorrhagia, suffice to keep the diagnosis correct. It is quite common to hear a bruit in a case of uterine fibroid; only in vascular sarcomata is such audible if the tumor is ovarian. But much greater difficulty is experienced in cases of fibro cystic tumors connected to the uterus, with or without pedicle. In that case we must try to ascertain whether the tumor is connected or disconnected with the uterus. Then the cyst of a fibro-cystic tumor may be tapped, when we expect to find only a thin fluid of great density, with some blood corpuscles, and possibly some non-striped muscular fibres. But in those cases it is often found that only an exploratory incision can determine the diagnosis with accuracy.

3. *Renal Cysts* begin below the false ribs and extend downward and forward. They have a line of resonance between them and the liver, due to the transverse colon, which is of value, as showing they are not of hepatic origin, and when aspirated they contain urea. Usually accompanying such, there are urinary symptoms, but not always.

4. *Ascites* exhibits the characters of free motion of fluid to an imperfectly filled cavity. Accordingly, when the patient lies on her back, the abdomen is flattened anteriorly, the flanks give a dull note, and there is clearness round and above the umbilicus. With change of the patient's position, the areas of resonance alter. Thus, if the patient is turned on her left side, the right flank gives a clear note, and *vice versa*. In case of tapping, an ascites the thick gelatinous fluid characteristic of ovarian tumor is never obtained.

5. *Hydatid Cyst of the Liver*.—In this case the tumor grows from the liver, distending first the distance between the ensiform cartilage and the umbilicus, the reverse of an ovarian cyst. Again, tapping and discovering acéphalocysts in the fluid is convincing evidence of the true nature of the tumor.

6. *Hysterical Abdominal Distention*, commonly known as spurious pregnancy, need deceive no one, as the percussion is uniformly resonant, and the tumor disappears under chloroform.—*Cin. Lancet and Clinic*, Jan. 14.

### OVARIOTOMY, CYSTOTOMY, AND ENTEROTOMY, IN ONE OPERATION.

A correspondent, writing from Vienna, Austria, of the wonderful operations performed by Professor Billroth, says:—

But on the 18th inst. he opened the abdomen of a young woman and found a carcinomatous tumor of the left ovary, attached to the uterus and bladder, and also to the small intestine, a loop of which was infiltrated with cancer. I thought surely he would close the abdomen again and leave the patient to die, but not so. Carefully he separated the bladder, leaving a piece of cancer hanging to it. Carefully he separated and laid aside the loop of intestine. He now removed the growth as carefully as possible. Next he removed the piece hanging to the bladder with an infiltrated portion of the bladder. Next he carefully repaired the breach in the bladder. Next he removed about five inches of the small intestine which had adhered to the tumor, and carefully united the ends with sutures. He completed, therefore, on this patient an ovariectomy, a cystotomy, and an enterotomy. Of course I expected this woman would soon die, but thus far she has gone on steadily recovering, without a bad symptom. I have seen her from day to day, and this morning Professor Billroth said to me that she proved the importance of making a complete operation. If she recovers, she will likely live some time before the disease returns; but the disease left in the bladder or gut would have likely proved rapidly fatal. He also said a woman was not to be considered dead until she ceased to breathe.—*Obst. Gazette, Dec.*

#### UTERINE DISEASES.—ELECTRICITY.

Dr. ROSENBURGH read a paper to the Toronto Med. Society, in which he said:—

According to Rockwell, the diseases peculiar to women in which electrical treatment has been most successful are amenorrhœa, dysmenorrhœa, and menorrhagia. Tripiet of France, and Bartholow of Philadelphia, were among the first to advocate the treatment of structural diseases of the uterus by galvanism. In cases of chronic metritis, congestion without plastic effusion, sub-involution, etc., the latter author finds both the faradic and the interrupted galvanic current highly serviceable. The faradic current has also been used instead of ergot in cases of uterine inertia, post-partum hæmorrhage, and retained placenta. It has also been used for the expulsion of polypi, moles, and hydatids. The faradic current is used in all cases requiring the muscular action of the uterus, while the galvanic current is preferable when nutrient changes have taken place.—*Can. Lancet, Jan.*

#### MERCURY IN THE TREATMENT OF MEMBRANOUS DYSMENORRHŒA.

Dr. ROBERT ORMSBY, of New York, reports in the *Medical Record*, five cases of membranous dysmenorrhœa successfully treated with small doses of calomel and opium. Although his discovery of the value of this treatment was quite accidental, he now thinks it strange that mercury has not been recommended before, considering its efficacy in all forms of chronic hyperplasia. His plan is to give from one-half to a grain of calomel with half a grain of extract of opium in pill, twice or thrice daily, beginning about three days before the expected period. In every case the flow came on without pain, and no shreds or traces of membrane were found. In only one case was the treatment repeated the second month, and in all the cure has been permanent. He prefers calomel to any other form of mercury, as it produces its effects rapidly and with but little irritation.—*Med. and Surg. Rep., Dec. 10.*

#### CHRONIC INFLAMMATION AND INDURATION OF OS.

R. Plumbi iodidi, grs. 80; ext. belladonnæ, grs. 24-40; ext. conii, grs. 100; olei theobromæ,  $\frac{3}{4}$  1-1½; olei olivæ, 32. Mix. Melt into a mass with gentle heat; pour into a tube or roll of paper about eight inches long and of



the circumference of the little finger. Divide into eight pessaries and order one to be introduced into the vagina every night or every other night.—*Med. Gaz.*, Jan. 28.

### ELEPHANTIASIS OF THE CLITORIS.—CLITORIDECTOMY.

VERRIER operated on a woman, twenty-eight years of age, whose trouble was of three years' standing. At first the tumor presented a slight degree of erection with a sensation of voluptuousness. It was voluminous, traversed by two or three sulci of rosy color, and occupied almost the whole of the vulvar orifice, into which it was impossible to introduce the finger without previous separation of the labia. The pedicle was continuous with the clitoris. The dorsal aspect presented quite an elevation. The excised tumor, without its sanguineous contents, measured six centimeters in length, three in breadth, and nine in circumference; its weight was ten grammes.—*Ann. de Gynec.—Med. Record*, Jan. 14.

### INCONTINENCE OF URINE.—DILATATION OF THE BLADDER.

J. MILNE CHAPMAN, M. R. C. S., concluding the history of a case, in the *Edinburgh Med. Jour.*, says:—

It will be seen that the woman had a cystitis, with frequency of micturition, which latter remained after the former was cured; that any indication there was for further treatment was attended to either medically, topically, or by operation, but that still the frequent micturition continued; that the bladder was then found smaller than normal, both by measurement with the sound and by the much more certain method of measuring its capacity, and that this capacity was increased fourfold by what may be called *slow operative dilatation of the bladder*, and that the results were in all respects satisfactory. There has this week presented itself at the infirmary a case of cystitis where the bladder capacity is three ounces, and we propose soon to begin dilatation.—*Louv. Med. News*, Dec. 8.

### LEUCORRHOEA.—KAVA KAVA.

W. SEMPLE, M. D., New Liberty, Ill., writes:

In leucorrhœa I have made use of the following formula with good success:—

R. Fluid ext. kava kava, ℥ ij; fluid ext. berberis aquifolium, ℥ j; iodide of potassium, ʒ j; simple syrup, ℥ ij; water, ad. Oj. M. Sig. Tablespoonful four times a day. The tonic effects are admirable; it improves the general condition better than anything I have used.—*Therap. Gaz.*, Dec.

## DISEASES OF CHILDREN.

### TETANUS INFANTUM.

T. A. MARTIN, M. D., of Dalton, Mo., read a paper before Moberly Dist. Med. Association, from which we abstract the following:—

*Symptoms.*—There are usually no recognizable premonitory symptoms. The first evidence generally, is an inability to nurse the breast. This is soon followed by the peculiar cry, and risus sardonicus; the attack is generally gradual and insidious.

*Prognosis.*—The prognosis is eminently unfavorable. Some authors have stated that they have never seen or known of a recovery from a well estab-

lished case. Some idea may be obtained of its fatality, from the fact that J. Lewis Smith was able to collect data of but 8 cases of recovery, and this is a disease that prevails extensively in some localities.

*Treatment.*—This disease verifies to a greater degree probably, than any other, the old adage that “an ounce of prevention is worth a pound of cure.” Therapeutic measures in established cases, have nearly always been futile. Dr. Gaillard has reported two cures effected by the use of tinct. of *cannabis indica*; to one child 8 days old, he gave in one day, a half-ounce of this medicine with good results. Woorari is highly spoken of by some writers. Ext. conium and chloral hydrate, are probably the best remedies in this disease. The latter when it is impossible to administer by the mouth, should be given by injection in sufficient doses to arrest the muscular rigidity, and control the convulsive seizures. Three or four grains injected into the rectum every 3 or 4 hours would probably be sufficient. The cause should be sought for, and if possible, removed. If it be due to retained meconium, a brisk and efficient purgative would be indicated, and should be given. The child should be laid upon its side, and the utmost quietude enjoined. During convulsive seizures, anesthetics are admissible; of these sulphuric ether is probably the safest and best.

As this is a disease of early and rapid prostration, sustaining measures should enter largely into the treatment. If the child is unable to draw the milk from the breast, as is frequently the case, the milk should be drawn, and fed to the patient. If breast milk is not obtainable, the best substitute procurable should be given, either per *orem* or per *rectum*.—*St. Louis M. and S. Jour., Dec.*

#### TREATMENT OF INFANTILE DIARRHŒA.

Dr. DOUGLAS MORTON, of Louisville, strongly condemns astringents, especially tannic acid, in these cases (*Louisville Med. News*). That indigestion is an essential factor in all these cases induces him to avoid everything in his treatment that will interfere with digestion. He believes that external applications of cold are valuable to reduce intestinal congestion, on the same principle as it will reduce uterine congestion, by its influence on the vaso-motor centres; but severe shock should be carefully avoided. Water to drink, in small quantities at short intervals, is given without fear to quench the intense thirst. Great stress is laid upon inunctions of oleaginous matter when such food cannot be taken by the alimentary canal, and it is believed that lives may be saved by thus replenishing the adipose, sometimes so rapidly consumed in this affection. Hot water is *facile princeps* among the remedies for nausea and vomiting. An eighth to a quarter drop of creasote and a grain of potassium chlorate is usually combined with it. This proves both a sedative and antiferment. If a suitable diet proves insufficient to stop the diarrhœa, he prescribes hydrochloric acid in one drop doses, largely diluted with sweetened water, which he finds very efficacious. In some extreme cases he uses opium, but rarely. For the chronic looseness of the bowels sometimes following an acute attack he finds *nux-vomica* one of the best stomachic tonics and an excellent vaso-motor tonic. Cholera infantum is included with the other intestinal affections to which young children are liable in summer in this plan of treatment.—*Detroit Lancet, Dec.*

#### COMMANDMENTS OF THE PARIS ACADEMY OF MEDICINE.

The Academy of Medicine has condensed into the following sixteen propositions the most important hygienic rules for the care and management of infants. We reproduce them here with the sincere hope that all mothers and nurses will commit them to memory and observe them as faithfully as the ten commandments of holy writ:—

I. During the *first year* the only suitable nourishment for an infant is its own mother's milk, or that of a healthy wet nurse. Suckling should be repeated every *two hours*—less frequently at night.

II. When it is impossible to give breast milk, either from the mother or a suitable nurse, cow's or goat's milk given tepid, reduced at first one-half by the addition of water slightly sweetened, and after a few weeks one-fourth only, is the next best substitute.

III. In giving milk to an infant always use glass or earthenware vessels, not metallic ones, and always observe the most scrupulous cleanliness in their management, rinsing whenever used. Always avoid the use of teats or cloth or sponge so frequently used to appease hunger or quiet crying.

IV. Avoid carefully all those nostrums and compounds so liberally advertised as superior to natural food.

V. Never forget that artificial nourishment, whether by *nursing bottle* or *spoon* (without the breast), increases to an alarming degree, the chances of producing sickness and death.

VI. It is always dangerous to give an infant, especially during the first two months of its life, solid food of any kind—such as bread, cakes, meats, vegetables or fruit.

VII. Only after the *seventh* month, and when the mother's milk is not sufficient to nourish the child, should *broths* be allowed. After the first year is ended, then it is appropriate to give light broths or paps, made with milk and bread, dried flour, rice, and the farinaceous articles, to prepare for weaning. A child ought not to be weaned until it has cut its first twelve or thirteen *teeth*, and then only when in perfect health.

VIII. A child should be washed and dressed every morning, before being nursed or fed. In bathing a child, temper the water to the weather, carefully cleanse the body, and especially the genital organs which require great cleanliness and care; and the head should be carefully freed from all scabs and crusts which may form. Where the belly-band is used, it should be kept on for at least one month.

IX. An infant's clothing should always be so arranged as to leave the limbs freedom of motion, and not to compress any portion of the body.

X. An infant's clothing should be studiously adapted to the weather; avoiding at all times, exposure to the injurious effects of sudden changes in temperature without proper covering; but nurseries and sleeping apartments should invariably be well ventilated.

XI. An infant should not be taken into the open air before the fifteenth day after birth, and then only in mild fair weather.

XII. It is objectionable to have an infant sleep in the same bed either with its mother or nurse.

XIII. No mother should be in too great a hurry to have a child walk; let it crawl and accustom itself to rising on its feet by climbing on articles of furniture, or assisted by the arms of a careful attendant. Great care should be taken in the too early use of baby-wagons, etc.

XIV. No trifling ailments in infants, such as colics, frequent vomiting, diarrhoea, coughs, etc., if persistent, should be neglected—a physician's advice should be at once obtained.

XV. In case of suspected pregnancy, either of mother or nurse, the child should be weaned at once.

XVI. A child ought to be vaccinated after the fifth month, or earlier should small-pox be prevalent.—Translated by Dr. D. C. Holiday, *New Orleans Med. and Surg. Journal*.

## APOMORPHIA IN THE DISEASES OF CHILDREN.

Dr. KUSCHER, encouraged by the success of Kormann's use of hydrochlorate of apomorphia as an expectorant for children, has employed the drug during the last month in seventeen cases of bronchitis and catarrhal pneumonia occurring in children ranging from six months to ten years of age. The apomorphia was given with a few drops of hydrochloric acid. These seventeen cases occurred as follows: Eleven were cases of measles complicated with bronchitis, and for the most part accompanied by high fever (41° C.); one was a case of variola with distinct bronchial catarrh; two were cases of

catarrhal pneumonia; and three were cases of obstinate bronchial catarrh with ropy sputum. The last three cases were at first treated with sal-ammoniac and ipecacuanha without any increase in the fluidity of the expectoration. Shortly after the administration of the first doses of apomorphia, however, mucous râles were heard, and the sputa became loose. The remaining patients were treated exclusively with apomorphia. The whole seventeen cases recovered.—*Med. Chir. Rundschau*.—*Med. Gaz.*, Dec. 8.

#### DYSPEPSIA OCCURRING IN INFANTS.

Dr. ARTHUR HILL HASSALL (*London Lancet*, Dec. 8), calls attention to a form of infantile dyspepsia arising from the inability on the part of an infant to properly digest the casein of milk, and advocates the admixture of malt with wheat flour, sugar, and water to the milk to prevent the casein from coagulating in masses and thus rendering it difficult of digestion. He gives the case of an infant, fed exclusively on mother's milk for the first four months, which was in the habit of throwing up, after nearly every feeding, a large quantity of coagulated casein, while the same was passed by stool in still greater amounts. The stools were almost colorless, with occasional patches of yellow or green; they were frequent, often very offensive, and there were constant attacks of distressing flatulent colic. The child was weaned at four months, and single cow's milk, properly diluted, together with various remedies, was tried at different times, without any amelioration of the symptoms. The milk was then boiled and diluted, without any better results. Finally, however, it occurred to Dr. Hassall that if the casein were broken up in the stomach into small particles, digestion would then more readily follow. Having put the infant upon the mixture of malt and wheat flour, sugar, milk, and water, the effects were immediate and most satisfactory. The looseness and colic ceased; the motions became of soft consistency and of a natural and uniform yellow color, and quite inoffensive. He attributes the change in the child's condition to the alteration in the physical condition of the casein by its admixture with starchy food, and not to a simple reduction in its amount. He also mentions a case in which the most painful consequences resulted from eating cooked or uncooked eggs, or even the smallest quantity of egg in a sauce or ice, but which individual could take eggs, or the white of them, provided they had been broken up by mixing and cooking with flour.—*Med. Times*, Jan. 14.

#### POLYP OF URETHRA IN A LITTLE GIRL.

M. DESPRÉS had a little girl, aged 8, brought to his clinic at the Charité for a metrorrhagia. Upon examination, he found at the vulva a tumor as large as a filbert, which occupied the opening of the hymen and almost completely obliterated the urinary meatus. With the canula of a trocar and some silver wire, M. Després improvised a wire loop with which he detached the tumor. It proved to be cystic, containing black blood. It was evidently a vesicular, vascular polypus very rarely observed, up to the present, in France, as occurring in little girls.—*Gaz. des Hôp.*—*St. Louis M. and S. Jour.*, Dec.

#### CHRONIC LARYNGEAL AFFECTIONS IN CHILDREN, THE RESULT OF ACUTE INFECTIOUS DISEASES.

The author describes (*Deu. Archiv für Klin. Med.*) a series of cases of obstinate chronic laryngeal and tracheal catarrh in children, occurring as a sequel to various infectious diseases. Four cases were those of children in whom a slight hoarseness and shortness of breath on movement remained after the primary affection (whooping-cough, small-pox, diphtheria). Laryngoscopic examination revealed a slight swelling of the hinder laryngeal wall; and upon

it a distinct grey zone one millimetre thick (probably of thickened epithelium). An elliptical chink remained between the vocal chords on phonation. In three cases (two after small-pox, one after diphtheria) there were suffocative fits, and the voice was almost extinct. On the hinder laryngeal wall a white or greyish-white zone was seen, consisting of numerous small excrescences. In one case these growths pressed between the vocal cords and prevented the glottis from closing completely. The vocal cords themselves were normal. In all cases, the internal thyro-arytenoids were partially paralyzed, probably from atrophy. The treatment indicated in the milder cases is astringent inhalations; in the severer forms, painting with iodo-glycerine, or cutaneous application of the induced current, or dilatation with Schroetter's bougies. With regard to the troubles which are apt to follow tracheotomy, and which tend to prevent the removal of the canula, Dr. Michael enumerates the following: 1. Granulations springing either from the tracheal wound or from the hinder wall of the trachea; 2. Inflammatory hypertrophy about the vocal cords; 3. Paralysis of the posterior crico-arytenoids; 4. Spasms of the glottis; 5. Cicatricial stenosis of the larynx and trachea; 6. Softening and consequent yielding of the tracheal rings; or 7. The combination of two or more of these causes. To prevent ulceration of the hinder wall of the trachea, consequent upon pressure of the canula, the alternate use of a long and a short canula is recommended.

[Ulceration of the tracheal wall may be very readily prevented by the use of Mr. Morrant Baker's flexible tracheotomy tubes. The comfort to the patient, and the immunity from danger which the use of the soft tube ensures, does not seem to be appreciated by foreign writers as it ought. In the reporter's experience it is the anterior and not the posterior wall that is apt to suffer from the pressure of the ordinary silver canula].—*London Med. Record*.—*Med. Gaz.*, Jan. 21.

#### OPHTHALMIA NEONATORUM.

The following is from a letter by Dr. FANCOURT BARNES to the *British Med. Jour.*:

Dr. Karl Grossman states, in the *Journal* for October 29th, that "there can be no doubt at the present time that the real and only cause (of ophthalmia neonatorum) is the infection from the secretions of the maternal passage during or shortly after birth." This proposition involves so many and serious, social, pathological, and legal questions, that I may be pardoned one or two remarks upon it. Some little time ago, I attended the wife of a friend (a physician); the child was born in the unbroken membranes; the amniotic sac was ruptured, after expulsion by my friend, who did nothing else in connection with the labor. On the second day, the child had ophthalmia. It never came in contact with the mother's discharges or passages at all. Dr. Veit relates a case of Cæsarean section; the child, of course, never traversed the mother's vagina. It became affected by blenorrhœal ophthalmia.

In my friend's case, I am in a position to affirm that there was absolute freedom from any discharge on both sides. These, and other cases, prove beyond question that infection from the secretions of the mother's passages is not the only source of ophthalmia in the new-born infant. The true cause is not, however, a mystery. Dirty sponges, contaminated diapers, towels used in washing the child, would account for a good many cases. Such things will cause erysipelas of the umbilicus, and may be the means of infecting the mother.—*Obst. Gaz.*, Dec.

#### DISADVANTAGES OF COD-LIVER OIL FOR YOUNG CHILDREN.

According to the *Revue Médicale*, the Council of Public Health has recently submitted for the sanction of the Academy of Medicine of Paris a report on the disadvantages of cod-liver oil administered to infants and young children. The Commission on the Hygiene of Infancy has not yet reported its opinion on this subject; but the accusations brought against this medicine by the

Council of Hygiene are worth notice. All physicians are aware what disastrous influence is exercised on the health of young infants by defective alimentation, and especially animal nourishment; fatty matters are as little suited to the alimentation of the newly-born infants as albuminoids, excepting always casein, which exists normally in milk, and is found to be perfectly assimilable. In fact, in the first period of life, the juices necessary for emulsifying fatty matters are almost entirely wanting. The liver, in spite of its enormous development in this stage of existence, secretes only a small quantity of bile; and the researches of Langendorf and Zweifel have proved that, in young children, pancreatic juices possess an emulsive power which is almost *nil*, or, at least, very slightly marked. These physiological considerations sufficiently indicate that—far from being profitable to the infant—fatty matters, and especially cod-liver oil, can only injure its health, and gravely compromise the integrity of its digestive functions.—*Cin. Lan. and Clinic.*

#### APHTHOUS SORE MOUTH OF INFANTS.

Prof. WALLACE, Phila., believes that the sodium sulphite solution is the best remedy for aphthous sore mouth in infants.  $\mathcal{R}$ . Sodii sulphit., gr. xxx; glycerini, aquæ,  $\mathfrak{ss}$ . M. To be used on a swab every two hours. Where the child is using a nursing bottle, scrupulous cleanliness is required. The rubber nipple should be turned inside out after each time of using, washed clean, and placed in a solution of bicarbonate of sodium (baking soda), in a tumbler, until again needed. It is better to have two, and use them alternately. Milk must never be allowed to stand in the nursing-bottle until it becomes sour.—*Col. and Clin. Record.*

#### CONVULSIONS AND EPILEPTIC ATTACKS OF CHILDREN. CHLORATE OF POTASH.

Young children from the first to the sixth year, particularly those sleeping in over-crowded rooms, are subject to frequent attacks at night of screaming, with insensibility, and semi-convulsions and somnambulism, if not watched, and something approaching to the *petit mal*, due to the inhalation of air deficient in oxygen and laden with carbonic acid and other morbid products, a persistence in this habit often leading to tubercle of the brain and lungs. For this condition I have always found chlorate of potassium a sovereign remedy, and for the true convulsion and epileptic attacks of children, it has proved not only curative, but, more important still, a true preventive. For the adult epileptic, although not so useful as the bromide, I have prescribed with great advantage this salt alone, and in combination with the bromide.—*Dr. Alex. Harkin, Dub. Med. Jour.—So. Pract., Feb 9.*

#### CONSTIPATION IN NURSING INFANTS.

J. LEWIS SMITH, M.D., Clinical Prof. of Diseases of Children, Bellevue Hosp. Med. Col., says: Physicians are not infrequently at a loss what to prescribe for the habitual constipation of nursing infants. I am in the habit of giving oil, sugar, and salts, in the following formula, and usually with the desired laxative effect:  $\mathcal{R}$ . Ol. morrhæ, 2 parts; aq. calcis, syr. calcis lactophos  $\mathfrak{ss}$ , 1 part. One-quarter, one-third, or one-half teaspoonful may be given with each nursing, or a larger quantity, as a teaspoonful or more, three times daily. Breast-milk with this addition becomes more nearly like colostrum in its laxative properties, while it does not possess those properties of colostrum which disturb the digestive process. I know no agent of a medicinal nature, which meets the indication so well as this for infantile constipation. But in my practice I have found it necessary, in not a few instances, to rely mainly on simple *enemata* for the relief of the constipated habit, till the infants reached the age when a mixed diet was proper.—*Western Lancet, Jan.*

### SYPHILITIC ENLARGED SPLEEN IN A CHILD.

Dr. W. J. Tyson reports the following case: A woman, thirty-nine years of age, who had given birth to several children suffering from undoubted syphilitic lesions, gave birth, in May, 1875, to an apparently healthy child. In July following the mother suffered from a breaking-down gumma of the soft palate. Two years later the child was sent by Dr. Tyson, who found him with a spleen extending in a downward direction for three and a half inches, reaching the crest of the ileum; in front it approached closely to the umbilicus. The liver was not enlarged. No albumen present in the urine. He was ordered mercury with chalk, one grain every morning and evening, and one grain of iodide of potassium, with ten minims of syrup of iodide of iron to an ounce of water, three times a day. After two months of this treatment the spleen was decidedly smaller, and at the end of five months it was only one inch below the margin of the ribs. The medicine was taken more or less regularly for a year, and three years later the child was found in good health, and the spleen imperceptible.—*Lancet*.—*Arch. Derm.*

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### PURGATIVE IN CEREBRAL AFFECTIONS OF CHILDREN.

R. Hydrarg. subchlorid., gr. 2; pulv. scammon. co., gr. 4; pulv. aromatici, gr. 5. M. Make a powder to be taken at bed-time. Or,

R. Hydrarg. subchlorid., gr. 2; pulv. rhei., gr. 20; jalapæ resinæ, gr. 2; pulv. zingiberis, gr. 4. M. To be taken as a bolus in a little wafer paper at bed-time.—*Med. Gazette*.

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### NERVOUS DIARRHEA IN CHILDREN.

Dr. WILLIAM LEE (*Maryland Medical Journal*) reports a case of the above affection where palpitation of the heart was a prominent symptom, in which the following were given with prompt relief:

R. Bromid. potass., 3 ijss; elix. val. ammon., 3 iv; aquæ, 3 iij. M. Sig. Teaspoonful in water between meals.

R. Tinct. ferri chloridi, gtt. lxxx; tinct. digitalis, gtt. xxxvj; strychniæ, gr. 4; elix. adjuvant, 3 iij. M. Sig. Teaspoonful every four hours in water.—*Louv. Med. News*, Jan. 7.

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### PAPAIN IN DIPHTHERITIC CONJUNCTIVITIS.

Messrs. Borchut and Hubert have lately met with quite a number of cases of diphtheritic conjunctivitis in the Hôpital des Enfants Malades. They have treated this hitherto somewhat rare disease with applications of papaine dissolved in distilled water:—

R. Papaine, 2 grams = (3 ss); distilled water, 8 grams = (f. 3 ij). M. And the children have all been cured. Quite lately another child suffering from this species of diphtheritis was similarly treated and recovered in three days' time.—*Med. and Surg. Rep.*, Feb. 4.

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### RESORCIN IN CHOLERA INFANTUM.

In Breslau ninety-one cases of cholera infantum were treated with resorcin in the dose of one-third to one-half grain in two ounces of infusion of chamomile. The success of this treatment was remarkable. How often the dose was given is not stated.—*Med. Times*, Dec. 17.

## ADDENDA.

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### WOUNDS OF THE AORTA.

At the November 25 meeting of the Vienna Medical Society, Dr. TILLNER (*Allgemeine Wiener Medicinische Zeitung*, Nov. 29, 1881), exhibited an aorta which had been wounded by a cut extending from beneath the right clavicle through the pectoralis major and the second intercostal space, into the aorta, in which an aperture existed about an inch above the valves. This aperture was about four millimetres in length. The aorta was somewhat atheromatous. The man lived sixteen days after the injury, then dying from pericarditis. Dr. Chiara believed that even a spontaneous rupture might heal, and cited a corroborative case. In the present instance, the smallness of the wound, the atheromatous degeneration of the artery, a slight retraction of the inner coat and possibly plugging by the pericardial covering may explain why life was so long prolonged with this injury. The case is evidence of the fact often ignored that few injuries are absolutely fatal.—*Chicago Med. Rev.*, Feb. 1.

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### CEDEMA OF THE GLOTTIS.—PILOCARPINE.

M. SOREL, who is a Military Surgeon at Setif, Algeria, sent to the Societe de Therapeutique in Paris (*Jour. de Méd. de Paris*), a case of cedema of the glottis consecutive on typhoid fever, and cured by pilocarpine. A previous application of fifteen leeches had not given any relief. Ipecacuanha had no effect whatever, and subcutaneous injections of morphia had only given temporary relief. Almost in despair, M. Sorel tried an injection of a centigramme of nitrate of pilocarpine. A slight perspiration appeared, and the troublesome symptoms were removed. On the same evening a fresh injection of a centigramme was made, and on the next day two centigrammes. The patient soon recovered his strength, and became convalescent.—*Can. Jour. Med. Sc.*, Feb.

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### POST-MORTEM CONTAGIOUSNESS OF DIPHTHERIA.

Dr. G. S. GERRARD writes to the London *Lancet*, detailing a case which tends to substantiate the idea that a person may catch diphtheria from one dead of the disease. Two young persons were engaged to be married. The man was seized with diphtheria and died. The body was removed, for interment, to the town in which the girl lived. The coffin was opened, and no doubt the girl kissed her lover. Three days afterward she was seized with diphtheria. There were no other cases in the vicinity, neither had a severe case been known there for nineteen years, and its production could only be traced to contagion from the dead body. This circumstance gives us a hint as to the handling of those dead from this disease.—*Med. and Surg. Rep.*, Feb. 4.



### REMOVAL OF A CYST OF THE PANCREAS.

Dr. N. BOZEMAN reports the removal, during life, of a cyst of the pancreas, weighing 20½ pounds. The case is interesting from the fact that it is the first operation of the kind on record. It was mistaken for an ovarian cyst. Five years ago the abdomen began to enlarge on the left side, and gradually increased until the entire cavity was distended symmetrically. Upon opening the abdomen the uterus and ovaries were found perfectly normal, and upon careful examination the pedicle was found attached to the junction of the outer third of the pancreas. It was transfixed and tied in the usual way. The patient was discharged cured on the thirty-eighth day after the operation.—*Canada Lancet, Feb.*

### OVERGROWTH OF THE ULNA.

A peculiar deformity of the arm was noticed by Mr. Pye, caused by a growth in length and thickness of the ulna. The arm was strongly curved and the wrist distorted. To relieve the deformity the radius and ulna were divided subcutaneously, the radius at right angles and the ulna obliquely, and the arm then kept straightened by splints. The usefulness of the arm returned, but the ulna is again growing. The subject of the deformity is a boy in excellent health, and with good personal and family history. He is subject to bony growths, as shown by bad exostoses that have been removed. There is no evidence of inflammation of the ulna, and the increase in size seems simply due to excessive nutrition.—*Br. Med. Jour.—Ohio Med. Jour.*

### DEATH FROM TIGHT LACING.

London correspondent, speaking of the reprehensible practice of tight lacing, says death from that cause has been of frequent occurrence in that city for many years past, and adds that "Dr. Danford Thomas, the Coroner for Central Middlesex, declares he is personally cognizant of four or five such painful sacrifices to an ideal conception of the human figure." In a recent case "an aged woman who died from syncope was found to have so compressed her body by tight lacing that the stomach was as it were divided into two portions, one being thrust upward so as to hamper the movements of the heart while the other was forced downward." The agony that this victim to vanity suffered we leave our readers to imagine, but we trust that our professional brethren will sternly put down all attempts to introduce this caprice of fashion in our country.—*Amer. Pract.*

### GERMAN MINERAL BATH SALT.

This Mineral Salt contains in solid form, the ingredients of the great German Baths, so noted for their medicinal properties, and is taken from the body of Native Salt from which the waters of these baths come. By the use of this salt, therefore, all the benefits of those baths can be obtained in the most convenient form at trifling expense.

The properties of this Mineral Salt are such as render it an absolute cleanser of the pores, leaving the skin soft and smooth and devoid of any sticky feeling; while at the same time the active circulation of the blood is stimulated, and the whole system by absorption through the cleansed pores, receives the benefit of the positive medicinal qualities, which this salt is shown to possess in such remarkable degree.

As a *healthful stimulant* to the delicate or debilitated system, this Mineral Bath Salt stands unrivalled.

It is a speedy cure for Skin eruptions, Itch, Sores and Ulcers, Tender and Swollen Feet, etc.

The German Mineral Bath Salt is packed at 120 Liberty St., N. Y., in 1 lb. boxes, air tight, as being the most convenient form for both dealer and consumer.

**DIRECTIONS FOR USE.**—Dissolve the contents of one box in ten or more gallons of water, according to strength needed. The Salt dissolves readily in warm water, and the **WARM SALT BATH** is especially recommended for **INVALIDS** and **INFANTS**. Use no soap.—*Druggist's Ez.*

### CURIOUS CASE OF ANEURISM.

Dr. J. A. TEMPLE reports a singular case of popliteal aneurism, in the *Canada Lancet* for January, 1882. The aneurism was first treated by digital compression, which was persistently maintained for thirty-two hours, at the end of which time both pulsation and bruit had disappeared, and remained absent for four days. Gradually, however, they both returned, with swelling, which extended upward on the thigh. Operative interference was refused, gangrene supervened, and the patient died. The post-mortem revealed a spiculated outgrowth of bone from the posterior and upper part of the inner condyle of the femur, measuring one and a half inches in length, and terminating in a sharp point. This point had penetrated the sac, and was, most likely, the primary cause of the aneurism, by injuring the coats of the artery. The patient was only twenty-four years old—*Med. and Surg. Rep.*, Feb. 4.

### MYXŒDEMA.

Dr. R. J. LUNN (*British Medical Journal*, December 24, 1881,) recently reported to the London Clinical Society two cases of this disease, one a man aged forty-seven, and the other a woman of forty-five. The man had delusions, the woman had not. Drs. Cavafy and Ord cited three additional cases. In the discussion Dr. Mahomed desired to allude to a different explanation of the disease from that usually given. Were they not really cases of chronic Bright's disease? In many cases of chronic Bright's disease there was an absence of œdema, but in others there were all the symptoms of myxœdema without albuminuria, but with high arterial pressure. In one case of myxœdema the subcutaneous tissues had been found not to contain mucin. Some cases resembled chronic Bright's disease without renal symptoms, as described by Gull and Sutton. In the twenty cases of myxœdema thus far published, the urine in three was not noted; of the remaining seventeen ten had albuminuria, and four of these died. Their kidneys were affected, heart hypertrophied and artery walls thickened. The lesions of the cord were doubtless due to myelo-myxœdema. In all four fatal cases Bright's disease was present. This argument cannot be said to be conclusive. There is no doubt that in many cases of myxœdema the lesions found are not those resulting from Bright's disease; it is just as probable an explanation to refer the Bright's disease to the myxœdema as vice versa. At the same time it must be confessed that the existence of arterio-capillary fibrosis of Gull and Sutton seems to hint at the possibility of a similar explanation of myxœdema to that of Dr. Mahomed.—*Chicago Med. Rev.*, Feb. 1.

### HOW TO REGULATE UTERINE CONTRACTIONS DURING LABOR.

Dr. W. H. DE CAMP states that, in giving the fluid extract of ergot in doses of ten to fifteen minims every fifteen minutes, the frequency and force of the uterine contractions can be stimulated without danger of producing a tetanic condition of the uterus, such as is produced by doses of a half to one drachm. He says that, when the pains have been brought to a frequency of from three to five minutes, if the force is not also increased, ergot will not

do it without danger of exciting tonic or constant contractions, and then quinine should be given in ten-grain doses, which will strengthen the contraction, but will not increase their frequency.—*Western Med. Reporter*.

### TEPID WATER IN CHRONIC CYSTITIS.

In chronic cytitis accompanied by a little fever, ammoniacal urine, and charged with mucus, with frequent desire to micturate, M. Thonton, after emptying the bladder, recommends the injection of at first four ounces of tepid water, which is allowed to run out immediately afterward; then an injection of the third part of the following solution: Quinine, gr. xvi; sulphuric acid, q. s., distilled water, 3 x. The liquid thus injected is maintained some seconds in the bladder, after which two thirds are allowed to flow out, while the remainder is left for an hour in the urinary reservoir. This injection produces a very slight smarting, and after a treatment of some days the urine becomes acid and no longer contains mucus.—*Medical Press and Cir.—Louis. Med. News, Feb. 4.*

### REMOVAL OF WARTS.

Dr. W. ALLAN JAMIESON says, in the *Practitioner* for September, 1881, that chromic acid, one to one of water, is by far the best remedy. The skin round each wart is first protected by painting it with oil, and then the wart itself is soaked with the solution of chromic acid; this absorbs water from the tissues, coagulating and hardening the albuminous tissues at the same time, and the unsightly warts soon disappear. These warts seldom appear after puberty on the hands, but a healthy girl well grown, aged fifteen, came to the writer sometime since with a dozen of them on her hands, which annoyed her for six years. Of course they much interfered with work, being always in the way. Steady use of the chromic acid removed them in a few weeks.—*Indp't. Pract., Feb.*

### MALTINE AND ITS COMPOUNDS.

Dr. J. MILNER FOTHERGILL, on the use of maltine, says, in order to aid the defective action upon starch, by the natural diastase being deficient in quantity or impaired in power, we add the artificial diastase "maltine."

Maltine is a molasses-like matter and mixes readily with milk, gruel, etc., without interfering either with its attractiveness in appearance, or its tooth-someness; indeed its sweet taste renders the gruel, etc. more palatable. A minute or two before the milky mess is placed before the child or invalid, the maltine should be added. If a certain portion of baked flour, no matter in what concrete form, were added to plain milk, and some maltine mixed with it, before it is placed on the nursery table, we should hear much less of infantile indigestion and mal-nutrition.

\* \* \* \* \*

The following are among the Maltine Compounds prepared by Messrs. Reed & Carnrick, New York:

#### MALTINE WITH ALTERATIVES.

In this preparation MALTINE is combined with the most valuable Alteratives known, such as Iodides, Bromides and Chlorides, and will be found a remedy of the highest value in Syphilis, Scrofula, and all depraved conditions of the blood.

Each fluid ounce contains: *Chloride Calcium*, 5 grains; *Chloride Magnesium*, 5 grains; *Bromide Sodium*, 5 grains; *Iodide Potassium*, 1 grain; *Iodide Iron*, 1-4 grain.

## MALTINE WITH BEEF AND IRON.

One of the most valuable combinations in cases of General Debility, Chlorosis, Anæmia, and Imperfect Nutrition.

Each fluid ounce contains: *Extract of one oz. of Beef; Citrate Iron*, 4 grains.

## MALTINE WITH PEPSIN AND PANCREATINE.

One of the most effective combinations in Dyspepsia, Cholera Infantum, and all diseases resulting from imperfect nutrition. It contains three of the all important digestive agents, Diastase, being one of the constituents of the MALTINE. We believe there are few cases of Dyspepsia which will not readily yield to the medicinal properties of the above combination, while the system is invigorated by its nutritive qualities.

It will be found a most valuable remedy in Constipation and Chronic Diarrhoea resulting from mal-nutrition.

Each fluid ounce contains: *Pepsin*, 15 grs.; *Pancreatine*, 15 grs.

## MALTINE WITH COD LIVER OIL AND PANCREATINE.

In most cases where Cod Liver Oil is administered, the digestive organs are greatly overtaxed in preparing it for assimilation, which in many cases lessens the vital forces instead of increasing them. It is, therefore, essential that Cod Liver Oil should never be presented except when combined with Pancreatine, the principal that digests all oleaginous substances.

This preparation contains the best Norwegian Cod Liver Oil, and sufficient Pancreatine to digest it, and it is a most perfect emulsion.

## MALTINE WITH PHOS. IRON, QUINIA AND STRYCHINIA.

A powerful nutritive, general and nervous tonic.

Each fluid ounce contains: *Phosphate Iron*, 4 grains; *Quinia*, 1 grain; *Strychnia*,  $\frac{7}{8}$  grains.

## MALTINE WITH HYPOPHOSPHITES.

This preparation is especially indicated in Phthisis, Rickets and deficient Ossification.

Each fluid ounce contains: *Hypophos. Lime and Soda*, each, 3 grains, and *Hopophos. Iron*, 2 grains.

## MALTINE WINE WITH PEPSIN AND PANCREATINE.

Indicated in all cases of impaired digestion, or where the stomach is too debilitated to thoroughly accept MALTINE with Pepsin and Pancreatine.

Each fluid ounce contains: *Pepsin*, 15 grains; *Pancreatine*, 15 grains.

## MALTINE WITH PHOSPHATES IRON AND QUINIA.

A powerful, general and nutritive tonic.

Each fluid ounce contains: *Phosphate Iron*, 4 grains; *Phosphate Quinia*, 1 grain.

We have given these several preparations a thorough trial, and voluntarily subscribe to their respective merits, believing that it is part of our duty to inform the profession at large of discoveries of importance in the Laboratory, as well as in other departments.—*Druggist's Ez.*

## SMALLPOX AND THE PAPER MAKERS.

The *Sanitary Engineer* says: Among the many modes of spread of small-pox, that by means of rags merits special attention. That the danger is by no means an imaginary one, is shown by the experience of Holyoke, where several cases of, and deaths from, this disease have occurred. That all rags should be thoroughly disinfected by heat, chlorine or sulphurous acid gas, or by a combination of these methods, before they are given to the sorters, and that all employes in paper mills should be vaccinated, are simple common sense suggestions which should commend themselves to the owners and managers of such establishments, and which health authorities should use their influence to secure.

Physicians living in the neighborhood of mills should make it their duty to call the attention of manufacturers to this danger.—*Med. and Surg. Rep.*, Feb. 4.

### HYDRASTIN IN LARYNGEAL PHTHISIS.

Dr. BIRD (*Australian Medical Journal*) claims good results from the treatment of laryngeal phthisis with a spray composed hydrastin, glycerine, borax and morphia. A combination of this kind would seem likely to be of advantage.—*Chicago Med. Rev.*, Feb. 1.

### TYPHOID AND TOKAY WINE.

It has long been a desideratum to find an efficient substitute for whiskey or brandy in the typhoid conditions incidental to many lingering diseases, and we are pleased to add our testimonial to the many shown by Mr. Reich in favor of his Hungarian wines.

Experience has shown that the Tokay brands, especially, agree with the most delicate stomachs, and act as a powerful tonic, when other medication is rejected or non-assimilated, and this property renders these wines peculiarly serviceable in stages of convalescence from wasting diseases.

We are now testing their virtues in cases of blood-poisoning, especially in diphtheria and pyæmic conditions, and with most encouraging effects.

One item of importance in connection with these wines is that they do not, as far as known, develop an appetite for strong drink, and where such exists they are the best substitute for alcoholic compounds.—*Med. and Surg. News*.

### POISONING BY ARSENICAL PASTE.

Mr. W. E. HARDING, of Shrewsbury, related a remarkable case of poisoning by arsenical paste: A lady came to him complaining of acute pain in a lower molar. Finding the pulp exposed, Mr. Harding applied a small quantity of a preparation known as Baldock's nerve-killing paste, closing the cavity with cotton wool and sandarach. Within a few hours the patient was seized with symptoms of poisoning by arsenic—burning pain at the epigastrium, vomiting, etc.—and a rash appeared resembling measles, but slightly raised, and which was followed by desquamation. The stopping was at once removed, but the patient was very ill for several days, and did not altogether regain her health for a fortnight. A remarkable feature in the case was, that this lady had suffered in the same way three times previously; once from arsenic used by another dentist, and twice from prescriptions containing it, ordered by medical practitioners.—*Med. Times and Gaz.*—*Louv. Med. News*, Feb'y 4.

### CALCIFIED ADENOMA OF SCALP.

At a recent meeting of the Pathological Society of London, reported in the *Medical Times and Gazette*, Mr. Eve showed a specimen of this condition. It was a small firm tumor, lobulated and encapsuled. At first it was thought to be fat. Before microscopic preparations could be made it had to be softened in an acid solution. It was then found to consist of columns of epithelial cells in a fibroid stroma. These columns varied in size; some were branched, some were tortuous. The epithelial cells were small, about the size of those found in the sudoriparous glands, having nuclei. The family history of the young man from whom the tumor was removed was interesting. His father and his father's sister had both suffered from similar tumors. These tumors resembled some which were shown at the International Medical Congress, by M. Malherbe, who described them as calcified epitheliomata of

the sebaceous glands. He could not agree to regard them as epithelioma, as there was no infiltration of the surrounding tissues, no leucocytes, and the size of the cells also differed. He thought that they most resembled what English pathologists agree to call adenoma. He also showed sections of a second tumor of the same nature.—*Med. and Surg. Rep.*, Feb'y 11.

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### THE GASTROSCOPE.

Dr. MIKULICZ, of Vienna, has invented an instrument for illuminating and inspecting the inside of the living human stomach. On November 5 he exhibited his apparatus, upon which he has bestowed the title of "Gastroscope" to the leading professors of the leading medical faculty at the poly-klinik, and performed some interesting experiments with it upon a female hospital patient suffering from chronic dyspepsia. It consists of a tube, fitted with a set of minute but powerful reflectors at one end, and connected at the other with an electric battery, by which a brilliant light is projected into the stomach requiring inspection. This tube was passed down the subject's throat and remained there for fully twenty minutes, during which time the Viennese professors were enabled to diagnose the condition of every part of the mucous membrane thus lighted up and revealed to their gaze. The Gastroscope is considered likely to render invaluable services to the cause of electro-endoscopic investigation, which for some time past has been prosecuted with ardor by eminent Austrian pathologists.—*Indp't Pract.*, Feb'y.

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### NEW DISINFECTANT.

A cheap and useful disinfectant is a solution of chloride of lead. It is inodorous, effective, and its cost very small. It may be prepared as follows: Take half a drachm of nitrate of lead and dissolve in a pint or more of boiling water. Dissolve two drachms of common salt in a pail or bucket of water, pour the two solutions together, and allow the sediment to subside. The clear supernatant fluid will be a saturated solution of chloride of lead. A cloth dipped in a solution of chloride of lead and hung up in a room will sweeten a fetid atmosphere instantaneously, or the solution thrown down a sink, water-closet, or drain, or over a heap of refuse, will produce a like effect.—*Canada Lancet*, Feb'y.

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### LEECHES.—CAUTION.

In a letter to the Savannah, Ga., *News*, Dr. W. G. Bulloch relates an incident in which a gentleman who was in the habit of dipping his face into a basin of hydrant water while bathing, suddenly felt drops of blood trickling from his nose, and after some trouble expelled a leech one inch and a quarter long from it. It is said on the authority of Dr. Parkes, that the French army in Algiers have suffered much from the men swallowing minute leeches, which caused dangerous internal bleeding.—*Indp't Pract.*, Feb.

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### CHAPPED HANDS.

One of the most troublesome affections that usually present themselves every winter at the dispensary department for treatment is this complaint. All known remedies have been tried from time to time, and finally, after several years' experience, it has been learned that sheep suet and camphor melted together and applied at night have given the very best results. The

proportion should be about one drachm of camphor to two ounces of sheep suet, or, as the patients are very often instructed, melt together a piece of camphor about the size of a large walnut, with half a teacupful of sheep suet. The ointment so prepared is hard, almost like a piece of tallow candle, and the patient should always be instructed to break off a piece about the size of a shellbark, and rub it in the palm of the hand until the temperature of the part softens the substance, so that it can be easily rubbed over the angry and inflamed surface. In other cases the oil of ergot rubbed in the parts will often prove equally efficacious.—*Med. Bulletin, Feb'y.*

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### ADMINISTRATION OF TURPENTINE.

Turpentine, which is often of value in typhoid and other adynamic fevers, is a very difficult remedy to administer. Stokes (Lectures on Fever), used to administer it in combination with egg-nogg. *The Courrier Médicale* proposes the following formula which, it claims, destroys the taste and odor: Essence of turpentine, two drachms; sulphuric ether, forty-five minims; these should be thoroughly mixed, after which an ounce of orange flower syrup and four ounces of water are to be added. Of this mixture a dessert-spoonful should be given every two hours, or according to the indications.—*Chicago Med. Rev., Feb. 1.*

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### RINGWORM.

The ointment of the oleate of copper, a new addition to the oleates, a beautiful green ointment, having the same consistence as the benzoated oxide of zinc ointment, has had decided action upon a number of cases of ringworm in the dispensary department in destroying the parasite of this disease. Each patch of the ringworm should have the ointment of the oleate of copper, rubbed in thoroughly, night and morning. The oleic acid, in combination with the copper, has a more decided action in penetrating the hair follicles than any other remedy I have ever before used to destroy the parasites. The oleates and oleo-palminates referred to, have been manufactured by Dr. L. Wolff, pharmaceutical chemist, of this city, within the past year, in a very different way from that usually employed by other chemists. See his paper on the chemistry of these remedies read before the Pharmaceutical meeting, October, 1881. The failure of the oleates to act promptly have been due to the oleic solutions being of an indefinite strength.—*Med. Bulletin, Feb'y.*

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### PROTOXIDE OF NITROGEN AS AN ANÆSTHETIC IN LABOR.

The author (A. Klikowitch, *Arch. f. Gyn.*) communicates his experience with this gas employed as an anæsthetic in twenty cases of labor. (Twelve cases are reported at length.) The duration of each pain was determined by keeping the hand on the uterus. In a few cases Schatz' tokodynamometer was employed for this purpose. K. comes to the following results; (1) laughing gas is harmless to mother and child; (2) birth is not delayed; (3) no pain at any period; (4) consciousness even at the height of anæsthesia; (he used a mixture containing oxygen); (5) no nausea, no vomiting, no headache; (6) the gas can be used continuously, no cumulative action arising therefrom; (7) the presence of a physician to direct its employment is not absolutely necessary. As our author himself emphasizes, the price and non-portability of this anæsthetic are great drawbacks to its introduction in this manner, and for this purpose.—*Atlanta Med. Reg., Feb.*

## VOMITING OF PREGNANCY.—CHLORAL ENEMATA.

Chloral enemata in vomiting of pregnancy are claimed by Dr. Vidal, of the St. Louis Hospital, Paris, (*Paris Médicale*,) to yield good results. Fifteen grains of chloral hydrate are given by enemata twice daily, an hour before meals, in half a pint of infusion of orange leaves. Dr. Dussaud, of Marseilles, claims good results from a like course of treatment.—*Chicago Med. Rev.*, Feb. 1.

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## ANTISEPTIC TREATMENT OF PHLEBITIS.

Dr. DEMONS (*Journal de Médecine de Bordeaux*, December 18, 1881,) had recently under observation a man who attempted suicide by opening the veins at the elbow with a razor. The excessive hæmorrhage required the tying of four venous ends in the wound. Two days after, alarming symptoms made their appearance which led to apprehensions of phlebitis. These symptoms increased day by day. Dr. Demons then opened the affected veins, washed them first with a weak solution of chloride of zinc, and then used the Lister dressing. The following day there was a marked improvement in the patient's condition, the symptoms of purulent infection diminished, and finally disappeared. The patient was then attacked by pneumonia, but recovered.—*Chicago Med. Rev.*, Feb. 1.

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## TARTAR EMETIC IN CHOREA.

Dr. MALHERBE, Nantes, France, (*Journal de Médecine de l'Ouest*) claims that recent experiments with tartar emetic in the treatment of chorea have led him to believe that the use of emetic doses of this substance is of great value in the treatment of the disease. He gives at the same time rather large doses of morphia. Any drug that will make a profound impression on the nervous system is likely to be of great value in chorea, but the use of morphia in the diseases of childhood is attended by great risks.—*Chicago Med. Rev.*, Feb. 1.

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## GELSEMIUM AN ANTIPRURITIC.

Dr. BULKLEY has directed attention to a very important point which is often a source of great anxiety to the practitioner, viz: the difficulty in relieving persistent and wearing itching in skin affections. He points out that the drugs we certainly rely on, viz: opium, morphia, chloral, bromide of potassium, aconite, and carbolic acid, when administered internally, often fail to stop the unconscious scratching, and he was led from the known effects of gelsemium to try that drug. In certain cases he has found it decidedly efficacious. He begins with ten drops of the tincture, and, if in half an hour there is no relief, he gives twelve or fifteen drops, and so on, until one or two drachms have been reached in two hours.—*Buffalo M. and S. Jour.*, Feb.

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## PYROGALLIC ACID IN PHAGÆDENIC ULCERATION.

M. VIDAL, after using pyrogallic acid with care in the treatment of psoriasis, has tried a salve with good effect to heal phagædenic ulcers and toxicatril chancres. He applied it to a phagædenic ulcer daily for three days,



and states that the pain caused is only moderate, and lasts but from eight to ten minutes. The formula he recommends is acid pyrogallique 20 grammes and axonge or vaseline 100 grammes.—*Bull. Soc. de Therap.*—*Buffalo M. and S. Jour.*, Feb.

#### LARYNGEAL ULCERATIONS.—PERUVIAN BALSAM.

In this disease Dr. M. Schmidt recommends specially antiseptic inhalations of Peruvian balsam. Ten drops of a mixture consisting of two parts of Peruvian balsam to one of spirit of wine, are added to boiling water, and the vapor which rises is inhaled for some time; this is done three or four times a day.—*Amer. Jour. Pharm.*, Feb.

#### SUGGESTIONS REGARDING HYPODERMIC INJECTIONS.

Dr. C. MASON, of Peekskill, N. Y., suggests to those who use the hypodermic syringe, that when the packing on the piston becomes worn and loose, and will not readily work, to remove the small nut at the end of the piston, take half of the packing off (it is usually in two parts), and place between them a piece of chamois-skin. Cut it round, leaving it somewhat larger than the packing. He says: "It will absorb water, swell, and completely fill the barrel of the syringe. A trial of this will convince the most sceptical of its value over all other devices to do away with the most annoying features connected with the use of the hypodermic syringe.—*Med. Record*.

#### HÆMOSTATIC PILLS.

Dr. HUCHARD often prescribes the following pills in various forms of hemorrhage, as metrorrhagia, epistaxis, and hæmoptysis.

R. Ergotine, sulphate of quinine, of each, 2 grammes; powder of digitalis, extract of hyoscyamus, of each, 20 centigrammes.

To be divided into twenty pills. From five to eight or ten to be taken in a day. In this very complete formula the ergotine and sulphate of quinine act on the contractility of the vessels, the digitalis on the circulation, and hyoscyamus on the irritation and pain.—*Med. Press and Cir.*—*Dental Cosmos*, Dec.

#### TERTIAN PILLS.

J. SIMMONDS, M. D., Lancaster C. H., Va., writes:—

R. Quinæ sulph., 64 grains; ferrum redact., 64 grains; ext. nucis vom., 8 grains; mucilage q. s.

Mix well and divide into sixty-four pills. Sig.: Take two pills three times a day until the chills stop, and then take them in the same way one day in every week for five or six weeks.

I call them "Tertian Pills." They should be preceded by an emetic or purgative. They seldom or never fail to make a permanent cure.—*Med. Brief*.

#### TOBACCO FOR POULTICES.

A writer extols a poultice of flaxseed meal and tobacco as much more effectual in relieving pain than a simpler poultice. He has used it with eminent success in perityphlitis and also in local neuralgia.—*Med. and Surg. Rep*.

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		PRICE PER 100			PRICE PER 100
ALOE ET FERRI. Tonic Purgative. Dose, 1 to 3.	Pulv. Aloes Socot.....	1-3 gr	NEURALGIC. Dose, 1 to 2.	Quinia Sulph.....	2 gr
	Pulv. Zingib. Jam.....	1 gr		Morphine Sulph.....	1-20 gr
ALTERNATIVE. (Dr. C. C. Cox.) Dose, 1 to 3.	Ferri Sulph. Essic.....	1 gr	OPH ET CAMPHO- RA ET TANNIN. Dose, 1 to 3.	Strychnie.....	1-30 gr
	Ext. Conil.....	1-2 gr		Acid Arsenious.....	1-30 gr
ANODYNE. Dose, 1 to 2.	Mass. Hydrang.....	aa. 1 gr	PHOSPHORI.....	Ext. Aconit.....	1-2 gr
	Pv. Rhei.....	1 gr		Pulv. Opti.....	1-4 gr
ANTI-PERIODIC. Dose, 1 to 3.	Sodil Bl. Carb.....	1 gr	PHOSPHORI COMP.	Camphora.....	1 gr
	Pr. Camphora.....	1 gr		Acid Tannic.....	2 grs
CAMPOR ET EXT. HYOSYAMUS. Dose, 1 to 2.	Morphine Acetat.....	1-30 gr	PHOSPHORI ET NUCIS VOMICÆ.	Phosphorus.....	1-100 gr
	Ext. Hyocycami.....	1 gr		Ext. Nuc. Vomica.....	1-4 gr
CATHART. CO., U. S. P.	Ol. Res. Capaci.....	1-20 gtt	PHOSPHORI ET FERRI ET NUC. VOM.	Phosphorus.....	1-100 gr
	Cinchonidis Sulph.....	1 gr		Ferri Carb. (Vallet's).....	1 gr
CATHART. CO., Vegetable. Dose, 2 to 3.	Res. Podophylli.....	1-30 gr	PHOSPHORI ET FERRI ET QUINIA.	Ext. Nuc. Vom.....	1-4 gr
	Strychnis Sul.....	1-33 gr		Phosphorus.....	1-100 gr
CATHART. CO., Cholagogus. Dose, 1 to 3.	Gelsemin.....	1-30 gr	QUINIA COMP.	Ferri Carb. (Vallet's).....	1 gr
	Ferri Sulph. Essic.....	1-2 gr		Acid Arsenious.....	1-60 gr
EMMENAGOGUE. Dose, 1 to 3.	Ol. Res. Capaci.....	1-10 gtt	QUINIA ET FERRI ET STRYCH. PHOS. Dose, 1 to 2.	Quinia Sulph.....	1 gr
	Res. Podophylli.....	1-2 gr	RHEI COMP. U. S. P. Dose, 2 to 4.	Quin. Sulph.....	1 gr
FERRI IODID	Ph. Hydrang.....	1-4 gr		Ext. Sumbul.....	1-2 gr
	Ext. Hyocycami.....	1-3 gr	SEDATIVE Dose, 1 to	Ext. Valeriana.....	1-2 gr
FERRI ET STRYCH- NIA CIT. Dose, 1 to 2.	Ext. Nuc. Vom.....	1-16 gr		Ext. Hyocycami.....	1-2 gr
	Ol. Res. Capaci.....	1-8 gtt	TONIC. Dose, 1 to 2.	Ext. Cannab. Ind.....	1-10 gr
IODIFORM ET FERRI. Dose, 1 to 2.	Ext. Strychni.....	1-3 gr	TRIPLIX. Dose, 2 to 4.	Ext. Gentiana.....	1 gr
	Ext. Bellad.....	1-4 gr		Ext. Humul.....	1-2 gr
NEURALGIC. (Brown-Sequard.) Dose, 1 Pill.	Ext. Strychni.....	1-3 gr	PODOPHYLLIN. COMP. Cathartic. Tonic. Dose, 1 to 2.	Ferri Carb. Sacch.....	1-4 gr
	Ext. Strychni.....	1-3 gr		Ext. Nuc. Vom.....	1-20 gr

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3. Its **RING HANDLE**, permitting the use of the thumb.
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I strongly urge it upon the profession as the best Syringe in existence for the treatment of a Urethritis.

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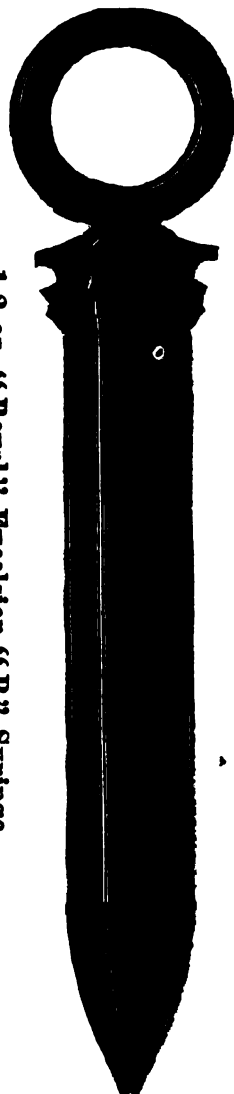
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It seems to me to be admirably adapted for the purpose for which it is designed. If it answers as well as it certainly promises, I will order it exclusively.

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# QUARTERLY EPITOME.

## EDITORIAL DEPARTMENT.

### LEGO-MEDICAL.

The term medico-legal applies to law as affected by medical facts. The reverse title should apply to medical facts as affected by law, and we use it in that sense for the purposes of this article.

In Part VII of the **QUARTERLY EPITOME** of Practical Medicine and Surgery certain medical facts were presented, the imparting of practical knowledge concerning which, it seems, is seriously affected by the law, and, this law is so general in its terms, as it now stands upon record in the Revised Statutes of the United States, that it threatens every physician and medical journalist in the country who shall make known remedies to meet the conditions referred to in our editorial on "**MATERNAL HEROISM**" and "**LIMITATION OF BIRTHS**" through the medium of the United States mails, with the penalties of the Statute—even though such information be given by a physician of irreproachable standing, professionally and socially, to his confrères in consultation.

According to the law in question, no letter, book, pamphlet, or notice of any kind, giving information directly or indirectly regarding the prevention of conception in the cases contemplated in Part VII, even when under the care of the most honorable physicians in the country and where consultations between them would save many

lives and obviate incalculable human suffering, shall be allowed to pass through the United States mails from one person to another. If any physician so conveys such information to another physician, or to his patient, or to any one else, no matter how eminently proper it may be in a strictly medical and ethical sense, such physician so offending is liable to arrest, fine varying from \$100 to \$5,000, and imprisonment at hard labor for not less than one year nor more than ten years, or to both such fine and imprisonment. No exception whatever is made in favor of the regular practitioner whose patient, from distortions of the pelvic outlet, or organic disease of vital organs runs the risk of sacrificing her life if she become pregnant. Physicians have no legal right in the face of this statutory prohibition to correspond with each other and exchange advice on the best means to save such patients from the dangers incident to pregnancy occurring in conditions which would be fatal.

The Government of the United States alone among the Governments of the earth tolerates upon the part of irresponsible detectives a system of espionage upon sealed matter passing through the mails, and these emissaries entertain themselves by sending decoy letters to entrap the unwary.

Growing out of our former editorial we have hundreds of letters from all parts of the land. Many of these are from physicians whom we know to be gentlemen of spotless record, and detail cases in their own practices where for years abortion has followed abortion. In one is narrated a case in which fifteen abortions from necessity occurred in ten years, the martyr refusing to live apart from her husband, and yet knowing that, by reason of pelvic deformity, [she could not give birth to a child at full term. We have not answered the great mass of these letters for we had not time to enter into details, and besides we were not desirous of experiencing in our own person the penalties attached to the transmission of the information sought—through the only medium available to us, viz.: the United States Mails. To those who have awaited a reply we trust that these facts will prove a sufficient excuse for our silence.

It is not our purpose in this article to in any wise impugn the motives of the statute referred to. The law was undoubtedly designed at the time of

its enactment to eradicate a then festering evil which threatened to demoralize the community in its most sacred relations. We simply contend that in its sweeping provisions it has "o'erleaped itself," and that in failing to except the legitimate practitioner from its operation, within proper and prescribed limits, it has estopped the dissemination of scientific and professional information of the utmost importance to the health, happiness, and lives of thousands of victims of conditions which are preventible.

Under a strict construction of the law as it now stands if any medical journal in the United States publishes an essay or communication disclosing means for the prevention of pregnancy, no matter how scientific or how important the information may be to the profession at large, the writer of the article, and the editor and publisher of the journal, are each and all liable to arrest, fine, and imprisonment, in addition to confiscation of the entire edition of such journal. This is a manifest injustice and Congress alone can remedy it.

## BOOK NOTICES.

**HOLMES' SYSTEM OF SURGERY, AMERICANIZED.** In Treatises by Various Authors. Edited by T. Holmes, M.A., Cantab., Surgeon and Lecturer on Surgery at St. George's Hospital, etc., etc. First American from Second English Edition, thoroughly Revised and much Enlarged. By John H. Packard, A.M., M.D., Surgeon to the Episcopal and St. Joseph's Hospital, Philadelphia. Assisted by a large corps of the most eminent American surgeons. In three volumes, with many Illustrations. Vol. III. Henry C. Lea's Son & Co., Philadelphia. 1882.

The present volume completes this elegant contribution to the genius of American enterprise. Inasmuch as we are unable to handle the English lan-

guage sufficiently well to express our admiration of the masterly manner in which each detail of the three volumes is presented, we feel constrained to occupy our space with the following list of Contents of Subjects, Authors, and Revisers of Vol. III:

### DISEASES OF RESPIRATORY ORGANS.

#### *Diphtheria and Croup.*

By A. W. BARCLAY, M.D., Phys. to St. George's Hospital. Revised by J. SOLIS COHEN, M.D., Lecturer on Laryngoscopy and Diseases of the Throat and Chest in Jeff. Medical College, Phys. to Jeff. Coll. Hospital, and the German Hospital, Philada., &c.

#### *Diseases of the Larynx.*

By ARTHUR E. DURHAM, Esq., Asst. Surgeon to Guy's Hospital. Revised by J. SOLIS COHEN, M.D., Lecturer on Laryngoscopy and Diseases of the Throat and Chest in Jefferson Med. Coll., Phys. to Jeff. Med. Coll. Hospital, to the German Hospital, Philada., &c.

*Diseases of the Thyroid Gland.*

By HOLMES COOTE, Esq., Surgeon to St. Bartholomew's Hospital. Revised by J. SOLIS COHEN, M. D., Lecturer on Laryngoscopy and Diseases of the Throat and Chest in Jefferson Med. Coll., Physician to the Jeff. Coll. Hospital, to the German Hospital, &c., Phila.

*Apnoea.*

By GEORGE HARLEY, M. D., F. R. S., Phys. to Univ. Coll. Hosp. Revised by J. SOLIS COHEN, M. D., Lecturer on Laryngoscopy and Diseases of the Throat and Chest in Jefferson Med. Coll., Physician to the Jeff. Coll. Hospital, the German Hospital, Phila., &c.

**DISEASES OF THE JOINTS, BONES AND MUSCLES.**

*Diseases of the Bones.*

By TIMOTHY HOLMES, Esq., Surgeon to St. George's Hospital. Revised by THOMAS M. MARKOE, M. D., Prof. of the Principles of Surgery in the College of Phys. and Surgeons, N. Y., &c.

*Excision of Bones.*

By TIMOTHY HOLMES, Esq., Surg. to St. George's Hospital. Revised by THOMAS M. MARKOE, M. D., Prof. of Principles of Surgery in Coll. of Phys. and Surgeons, N. Y., &c.

*Diseases of Joints.*

By ARTHUR A. JOHNSTONE, Esq., late Surg. to the Hospital for Sick Children. Revised by E. H. BRADFORD, M. D., Surg. to the Children's Hospital and to the Out-patients City Hospital, Boston.

*Diseases of the Spine.*

By ALEXANDER SHAW, Esq., Consulting Surg. to the Middlesex Hospital. Revised by E. H. BRADFORD, M. D., Surg. to the Children's Hospital and to the Out-patients City Hospital, Boston.

*Orthopaedic Surgery.*

By WILLIAM J. LITTLE, Esq., M. D. Revised by E. H. BRADFORD, M. D., Surg. to the Children's Hospital and to the out-patients City Hospital, Boston.

*Affections of the Muscular System.*

By T. TATUM, Esq., and J. LOCKHART CLARKE, Esq., M. D., F. R. S. Revised by F. S. CONNOR, M. D., Prof. of Anatomy and Clinical Surgery in Med. College of Ohio, Cincinnati.

*Diseases of the Nervous System.*

By C. E. BROWN-SEQUARD, M. D., F. R. S. Revised by ROBERTS BARTHOLOW, A. M., M. D., LL. D., Prof. of Mat. Med. and General Therapeutics in Jeff. Med. College, Phila.

*Locomotor Ataxy.*

By J. LOCKHART CLARKE, M. D., F. R. S. Revised by ROBERTS BARTHOLOW, A. M., M. D., LL. D., Prof. of Mat. Med. and General Therapeutics in Jeff. Med. Coll., Phila.

**OPERATIVE AND MINOR SURGERY.**

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By JOSEPH LISTER, F. R. S., Prof. of Clin. Surgery in King's Coll. Hosp. Revised by J. C. REEVE, M. D., of Dayton, Ohio.

*Amputation.*

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*Plastic Surgery.*

By HOLMES COOTE, Esq., Surg. to the St. Bartholomew's Hospital. Revised by THOMAS G. MORTON, M. D., Surg. to the Penna. Hospital.

*Minor Surgery.*

By THOMAS SMITH, Surg. to the Hosp. for Sick

Children and Assist. Surg. to St. Bartholomew's Hospital. Revised by JOHN H. PACKARD, M. D., Surg. to the Episcopal and St. Joseph's Hospitals, Phila.

**GUNSHOT WOUNDS.**

By THOMAS LONGMORE, F. R. C. S., Surgeon-General of the British Army, Prof. of Military Surg. at the Army Med. School, Netley. Revised by HUNTER MCGUIRE, M. D., Prof. of Surgery in the Virginia Med. Coll., formerly Med. Director of the Army of the Valley C.S.A. and of the 2nd Corps A. W. Va.

**HOSPITALS.**

By SIR J. R. MARTIN, C.B., F.R.S., Ex-Med. Officer to the Secy. of State for India in Council. Revised by NORTON FOLSON, M. D., formerly Resident Physician to the Mass. General Hospital, &c.

**MISCELLANEOUS SUBJECTS.**

*Diseases of the Breast.*

By JOHN BIRKETT, Esq., Surg. to Guy's Hospital. Revised by THEO. A. MCGRAW, M. D., Pres. and Prof. of Princ. and Prac. of Surgery and of Clinical Surgery in Detroit Med. College.

*Diseases of the Skin.—Part I.*

By SIR WILLIAM JENNER, Bart., F.R.S., Physician in Ordinary to the Queen and to the Prince of Wales; the late Dr. HILLIER and G. NAYLOR, Esq., Surg. to the Hosp. for Diseases of the Skin. Revised by ARTHUR VAN HARLINGEN, M. D., Chief of the Skin Clinic, Hospital of the Univ. of Penna.

*Diseases of the Skin.—Part II.*

By THOMAS SMITH, Esq., Surg. to the Hosp. for Sick Children, Assistant Surg. to St. Bartholomew's Hospital. Revised by ARTHUR VAN HARLINGEN, M. D., Chief of the Skin Clinic Hosp. of the Univ. of Penna.

*Parasites.*

By G. BUSK, F. R. S., Surg. to the Dreadnaught Hosp. Ship. Revised by JOSEPH LEIDY, M.D., Prof. Anat. in the Univ. of Penna.

*Venomous Insects.*

By G. BUSK, F. R. S., Surg. to the Dreadnaught Hosp. Ship. Revised by JOSEPH LEIDY, M.D., Prof. of Anat. in the Univ. of Penna.

*Surgical Diseases of Childhood.*

By TIMOTHY HOLMES, Esq., Surgeon to St. George's Hospital; B. BRODHURST, Esq., Orthopaedic Surgeon to St. George's Hospital, and ALEXANDER SHAW, Esq., Consulting Surgeon to Middlesex Hospital. Revised by SAMUEL ASHURST, M. D., formerly Surg. to the Episcopal Hospital, Phila.

*Surgical Diagnosis.*

By TIMOTHY HOLMES, Esq., Surg. to St. George's Hospital. Revised by JOHN H. PACKARD, Surg. to the Episcopal and to St. Joseph's Hospitals, Phila.

Per Volume, cloth, \$6.00; leather, \$7.00; half russia, \$7.50. Per Set, cloth, \$18.00; leather, \$21.00; half russia, \$22.50.

A TREATISE ON THE DISEASES OF INFANCY AND CHILDHOOD. By J. Lewis Smith, M. D., Clinical Professor of Diseases of Children in Bellevue Hospital Medical College, etc. Fifth Edition, Thoroughly Revised, with illustrations. Philadelphia: Henry C. Lea's Son & Co. 1881.

The fifth edition of this popular work presents material additions in the way of Therapeutics together with some articles not found in former editions.

The initial chapters on "Care of the Mother in Pregnancy," "Care of the Infant," "Lactation," "Infant Feeding," etc., are replete with interest; and the book, as a whole, embodies such an amount of practical information, not to be found aggregated elsewhere, as to render it invaluable to all practitioners.

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**ESSENTIALS OF THE PRINCIPLES AND PRACTICE OF MEDICINE.** A Handbook for Students and Practitioners. By Henry Hartshorne, A. M., M. D., Lately Professor of Hygiene in the University of Pennsylvania, and Professor of Hygiene and Diseases of Children in the Women's Medical College of Pennsylvania; Editor of American Edition of Reynolds' "System of Medicine," etc. Fifth Edition; Thoroughly Revised and Improved. with One Hundred and Forty-four illustrations. Philadelphia. H. C. Lea's Son & Co. 1881.

Fourteen years have elapsed since the publication of the first edition of Hartshorne's "Essentials," and still it remains the best book of its kind ever published.

It embodies within the briefest space possible all the principles by which a practitioner should be governed in his treatment of disease.

To this, the fifth edition, numerous additions have been made, in the preparation of which the most recent contributions to medical literature have been consulted.

As a companion for the practitioner, this volume is highly commended.

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**A MANUAL OF OPHTHALMIC PRACTICE.** By Henry S. Schell, M. D., Surgeon to Wills Eye Hospital, etc. With 53 illustrations. Philadelphia: D. G. Brinton, 115 South 7th St. 1881. Cloth, 8vo, pp. 263. Price \$2.00.

This book is well adapted to the wants of the student who wishes to

become well grounded in the outlines of ophthalmology, and desires to leave the minutiae to be filled in at his leisure; and it will be found equally valuable to the general practitioner who can spare but little time in the intervals of his visits to make himself acquainted with the knowledge necessary for the treatment of his eye cases.

Dr. Schell has given a valuable addition to the literature of diseases of the eye in this compact manual, in which will be found clearly expressed the last and most trustworthy ideas of the living masters of the subject.

The book is a credit to the publisher, and is made attractive by its excellent paper, good illustrations and clear type. A sheet of test letters is added, which can be pasted on a card for office use.

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**POCKET BOOK OF PHYSICAL DIAGNOSIS** for the Student and Physician. By Dr. Edward T. Bruen. Philadelphia: Presley Blakiston. 1881.

This neat little volume is intended as a guide to the student and practitioner in making a diagnosis of diseases of the lungs and heart, and as such is an excellent book, full of practical hints and valuable points. It is divided into two parts, the first treating of the methods of diagnosis and of diseases of the thoracic respiratory organs; the second, of the diseases of the heart and pericardium, a chapter being devoted to each group of affections.

It is beautifully illustrated with original Drawings which subserve their purpose admirably, and the exterior, as well as the typography, does great credit to the publisher.

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**PHYSICIAN'S HAND-BOOK.** For 1882. By Wm. Elmer, M. D., and Albert D. Elmer, M. D. W. A. Townsend, Publisher, 189 Broadway, New York.

This condensed library of practical information still ranks all other pocket editions, having been just thoroughly revised, classified and indexed.

# QUARTERLY ÉPITOME

OF AMERICAN

PRACTICAL MEDICINE AND SURGERY;

*Supplementary*

TO

BRAITHWAITE'S RETROSPECT;

CONTAINING A RETROSPECTIVE VIEW OF EVERY DISCOVERY AND PRACTICAL IMPROVEMENT IN  
THE MEDICAL SCIENCES, ABSTRACTED FROM THE CURRENT MEDICAL JOURNALS  
OF THE UNITED STATES AND CANADA.

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PART X.....JUNE.....1882.

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# PRACTICAL MEDICINE.

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## DISEASES AFFECTING THE SYSTEM GENERALLY.

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### EARTH WORMS AND THE SPREAD OF DISEASE.

PASTEUR, in the course of his well known investigations into the nature of certain infectious diseases, discovered that the germs of disease may be set free upon the surface of the earth through the agency of worms. He demonstrated that sheep feeding in inclosures where animals dead from charbon had been buried might contract the same deadly disease. The cause of this infection he traced to the agency of earth worms, that burrowing about the decaying carcasses swallowed the charbon microbion and conveyed it in their bodies to the surface, there to be voided and thus allowed to become distributed over the pasture.

Charles Darwin has just issued a brochure, "The formation of vegetable mould through the action of worms," which proves these creatures, hitherto regarded as so insignificant, to be as mighty in aggregated works as the coral builders. Darwin, after his usual patient and thorough method, has studied the habits and structure of the common earth worm and arrived at conclusions as novel as they are astonishing.

It is estimated that in garden soil there are to be found 53,767 earth worms to the acre; in old pasture land long untilled, about half that number. These worms, during a large part of the year in countries of temperate climate, are actively at work burrowing through the soil in every direction, taking the earth into their alimentary canal, partly as the most expeditious mode of removing it, but in the case of the humus swallowed for the purpose of extracting the contained organic matter upon which they feed. The swallowed earth passes through their intestines and is voided mainly upon the surface about the mouths of the burrows. Darwin states that "in many parts of England a weight of *more than ten tons of dry earth* annually passes through their bodies and is brought to the surface in *each acre* of land; so that the whole superficial bed of vegetable mould passes through their bodies in the course of every few years" (page 350). It will be evident that such activity must effect in the course of time great changes in the configuration of the earth's surface, as ton after ton of soil in a very finely divided state is thus spread out and exposed to the wind and rain. The minute particles of rock often swallowed are subjected to trituration in the gizzard of the worm, and are acted upon as well by acids; they are thereby still further reduced and fitted for the formation of fertile soil. As worms burrow readily to the depth of three to four feet, and sometimes deeper even in solid subsoil, bodies buried are easily reached by them in the search for food. They devour greedily flesh and fat.

Imagination will picture the mischief done by these subteranean workers as they draw from the depths load after load pregnant with germs of the most virulent disorders, scattering them broadcast under the sun and wind to fill our atmosphere with pestilential dust, deadly to man and beast. The gloomy

mind of Poe would add another figure to that terrible chant, The Conqueror Worm. While picturing the ghastly carnival, as generation after generation of men fall to him at last a prey, we should be made to see the same loathsome thing laboring in darkness and in stealth, sucking from the grave the fatal poison to open it out again into the upper air, charging the breath of life with pestilence, that fresh multitudes may perish and its banquets be unstinted.

These discoveries of Pasteur and Darwin irresistibly compel us to look to cremation as the proper method of disposing of the bodies of those dead of acutely infectious disease. Mere interment of bodies charged with countless myriads of microscopic germs, each capable of propagating a deadly virus, and certain to be speedily committed to the atmosphere again—this procedure is repugnant to reason.

Cremation, or some similarly thorough mode of disposing of infectious bodies, much be adopted before sanitation can be considered as upon a substantial basis.—*St. Louis Cour. Med.*

### A PLAGUE OF WORMS.

The workmen employed in the St. Gothard Tunnel have all suffered from a painful disease, not due in any way to the nature and condition of their labors. In a memoir just published Dr. Bugnion traces the disease to the presence of the parasitic worms in the intestines of the subjects of the malady. This nematoid worm (*Ankylostoma duodenalis*) was first discovered in Milan in 1838; it has been met with in various parts of Italy; is extremely abundant in Egypt, and has also been found in Abyssinia, India, the Sunda Isles, Rio de Janeiro, Cayenne and the Antilles. In the intestines of the first tunnel workman who died of the disease (at Turin Hospital) more than fifteen hundred individual worms were counted. Many workmen have been severely afflicted, but the extent to which health must be compromised is strikingly indicated by the fact, stated by M. Bozzolo, that he found eggs of *Ankylostoma* in the stools of all workmen he examined without exception. The creature has prodigious fecundity. Happily, the eggs are not developed in the person who harbors them; the development begins in the excrement or the moist earth, and gains admission to the intestines with unwholesome water.

Large numbers of laborers from the regions which furnished the workmen of St. Gothard have been brought to this country to engage in railway construction and similar rude employments. They bring their careless and uncleanly habits; and there is danger of their defiling springs and water courses where they are camped, and so spreading the worm pest along the lines of our new railways.—*Sc. Amer.—St. Louis Cour. Med., April.*

### MINERS' ANÆMIA.

The *Lancet* says, in a communication to the Académie des Sciences, M. Perroncito has described an anæmia which occurs among the miners of St. Etienne, and which resembles closely the disease observed among the workmen at the St. Gothard tunnel, and found to depend on the ankylostoma duodenale. Examination of the stools of three patients at St. Etienne revealed in each large numbers of the ova of ankylostoma. This observation proves the identity of the two diseases. The same parasitic affection has been met with among the miners of Schemnitz. "Miners' anæmia" is thus brought into the class of preventable maladies, since it may be prevented or cured by the employment of substances which have been found capable of destroying the ova either outside or within the human body. The larvæ do not develop in the intestine, but in the fecal substances after defecation, and penetrate the organism by the air or water after their development. In no stage can an organism resist a temperature of 50° Centigrade, and the larvæ are

quickly killed by a concentrated solution of chloride of sodium, in sulphuric or hydrochloric acid, in ethylic alcohol, or in one to five per cent. solutions of carbolic acid, and in one-half per cent. solution of thymic acid, and in ethereal extract of male fern. By any of these means the fecal larvæ can readily be destroyed. The male fern given internally is always effectual, even in a single dose. Thymic acid may also be given by the mouth, for the same purpose.—*Med. and Surg. Rep.*, April 15.

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### ILLNESS CAUSED BY FILTH IN MILK.

Dr. C. A. CAMERON, Chief Medical Officer of Health for Dublin, reports, in the *Dublin Journal of Medical Science*, the following interesting facts concerning a hitherto scarcely noted cause of milk impurity: A specimen of milk was submitted to him for examination, which was believed to contain a toxic substance of some kind, for the following reasons: Three children who were in the habit of drinking largely uncooked milk, were taken sick. They presented furred tongues, and gastric symptoms, such as are usually present in the earlier stages of enteric fever. Temperature 104.5° F. The house was new, in a healthy location, and no bad odors had been noticed. The sanitary arrangements were in good order. The children had been healthy two days before. A general examination of the milk in stock was made; it presented a peculiar appearance, the cream which had risen to the surface having a deep brown color. A short time before the children's illness a similar brown stratum had been observed on the milk. Generally the milk presented no peculiar features. The composition was found to be:

Water, 87.10 per cent.; fats, 3.56 per cent.; other solids, 9.34 per cent.; total, 100.00.

It was, therefore, milk of good quality; but a microscopical examination of the cream taken from this milk revealed the presence of cow's hairs, minute particles of straw, and *débris* of organic matter in great abundance. There were numerous nomads, vibrios, and bacteroid bodies. The odor of the cream was slightly but distinctly unpleasant. A subsequent visit to the dairyman was made. He at first loudly protested that he sold only *pure* milk. The cows were examined and found healthy; no cause whatever could be discovered for the impurities. Finally, on pressing the milk vender for an explanation, he stated that the cows were milked early in the morning, by his nephew, who had no light with him, and omitted to wash the teats of the cows before allowing their milk to flow into the milk pails. As some of the cows had lain down all night in such a way that their udders were in contact with the manure in or close to the channel courses, their teats were covered with filth. (A word to the wise is sufficient; this report demonstrates how easily good, pure milk can be rendered poisonous, and the remedy suggests itself at once to every intelligent man.—Ed.)—*Med. and Surg. Rep.*, March 11.

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### SEPTICÆMIA.

In septicæmia the blood is rarely found to contain bacteria, as a rule, only near the wound, from which the disease takes its origin. Vogt met with crowds of ball bacteria in blood taken from the skin of a pyæmic patient, near the point at which amputation had been performed, as also in pus from a metastatic abscess in the wrist, while very few were discovered in blood taken from other parts of the same patient. The pathological alterations found in animals killed by inoculation with septicæmic blood closely resemble those of septicæmia in man, since they are developed in the form of peritonitis, pleuritis, intumescence of the spleen, pneumonia, renal congestion, jaundice, and hyperæmia of the intestines; but their blood rarely exhibits bacteria; perhaps minute granules of a dubious nature. Finally, all symptoms of septicæmia may be present without the appearance of bacteria in the blood. Wolff saw cases of acute pyæmia and septicæmia in which

the blood was free from bacteria, although the pus of the wound contained them and brought about fatal effects when inoculated upon healthy animals.—*Med. Herald, March.*

### RED SWEAT.

The *Lancet* says: It has long been suspected that the red as well as the blue color occasionally observed in perspiration is due to the presence of bacteria. In a woman whose sweat, especially in the axillæ, had a red tinge, Hofmann, in 1873, found that uniform red masses adhered to the hairs, but he did not ascertain their nature. Pick observed in a peculiar case of skin disease, reddish masses of bacteria on the hairs. Eberth noticed bacteria in yellow sweat. Additional observations of the same kind have been reported by Babesi, of Pesth. A woman twenty-six years of age presented pale red sweat in the right axilla, where the skin and hair were also slightly reddened. From time to time the perspiration became blood-red in color, associated with hysterical and nervous disturbances. A sister who slept with her also became affected in similar manner, the perspiration in the right axilla becoming red. A third case presented itself in a young healthy man, who complained of occasional blood-red sweat; and a fourth in a young woman. In all the symptom was associated with troublesome itching. Microscopical investigation yielded in all the cases a similar result. The hairs of the axilla were thin, pale-red, brittle, and surrounded with a colloid-looking, rusty or bright red sheath, in places of considerable thickness, and having a rough surface. It consisted of red masses presenting a radiating striation, more or less confluent, apparently proceeding from fibres of the cortex of the hair or from some broken part of its surface. The radiating striation was found to be due to the aggregation of round or ovoid bacteria, scarcely a micro-millimeter in diameter, which were united in zooglæa masses by a reddish intermediate substance. Nodular swellings on the hair were produced by an infiltration of the organism between the separated fibrils. The roots of the hair were free from bacteria. The red tint of the sweat was found to depend upon numerous roundish masses of zooglæa, resembling those of *Bacterium prodigiosum*. The bacteria were deeply colored by anilin and hæmatoxylin, and were rendered more distinct on the addition of acetic acid or liquor potassii, while the zooglæa shrank under the influence of alcohol, ether, and turpentine. Sulphuric acid changed the red color to violet, and then to violet blue. In sterilized culture solutions the bacteria multiplied slowly. The conclusions drawn from these observations are that the red sweat often found in the axilla is colored by a spherobacterium, the development of which gives rise to an excessive perspiration, and sometimes to brittleness of the hair, itching, and slight tinting of the skin. The red sweat appears to be contagious. The bacteria resemble, on the one hand, the colorless zooglæa found in hair, and, on the other, certain chromogenous bacteria, especially *B. prodigiosum*, from which it is distinguished by the brick-red color of the intermediate substance. It is more difficult to cultivate than *B. prodigiosum*, but gives essentially the same chemical reactions.—*Med. and Surg. Rep., May 13.*

### EPHIDROSIS.

The above name has been given to a disease of an unknown nature, but characterized by profuse sweats, returning at variable intervals, usually every year, at the same date. That distinguishes this morbid condition from the sweats attending intermittent fever, or the colligative sweats in phthisis, or those in miliary fever. Ephidrosis is chiefly met with among sufferers from constitutional gout, among hypochondriacs, and in certain neurotic affections unattended by gout, but in which sudation seems to be the result of nervous perturbation. Several instances have been observed, which may be likened to the following case described by Dr. Olivier, in 1881, in the

*Arch. de Med. Nat.* : A non-commissioned officer was admitted to the Toulon Hospital, having, for a month past, been suffering from profuse sweats. He had contracted intermittent fever in 1862, and since then was subject to such attacks every year. These copious sweats continued after the patient's admission; his garments and bed clothes being thoroughly saturated by the liquid thus abundantly secreted each day, from nine in the evening till midnight. The sweat was liquid, acid, then alkaline, and its temperature that of the body. The skin was turgescient, and congested, but of normal temperature. The sweats were often preceded by a chill, and when they were over the patient slept, and only complained of fatigue. During his stay at the hospital some prurigo was noticed, also some erythematous and lichenous eruptions, attended with itching. Otherwise all the other functions were normal.

Mr. Olivier attributed this hyperhydrosis to a psychical cause. He classed it with Spring's phrenopathic variety, and believed it due to moral emotions, from which the patient often suffered. Country air, absence from care, and tonic medication, combined with hydrotherapy and antispasmodics, were found of greater benefit to the patient than all the remedies administered while under treatment at the hospital.—*Cin. Med. News, May.*

### CHLOROFORM IN CHOLERA.

M. DESPREZ gives, in the *Bulletin de Thérapeutique*, a treatment recommended by him in 1857, and which was found very useful in the terrible epidemic at Damas, in 1875, and in India, in 1876 and 1877, the following potion constituting the basis of the treatment:

R. Chloroform,  $\mathfrak{M}\text{xv}$ ; alcohol, f 3 ij; ammoniæ acetat, 3 iiss; syr. morphiæ chlorhydrat, f 3 j—3 ij; aquæ, f 3 iiss. M. Sig. Teaspoonful every half hour.

Chloroform thus administered seems to act on the spasms and contractions of the stomach.

Liquids introduced in very small quantities are no longer vomited, the medicament favors absorption, and as it is very rapidly eliminated, accumulation of action need not be feared.

Without insisting on the theoretic part of the treatment recommended in M. Despres' memoir, it must be said that M. Follet, who followed out the treatment at Pondicherry, had a mortality of but 29 per cent., while under other methods of treatment the mortality reached as high as 80 per cent.

This method of treatment is applicable only during the first period of cholera; as soon as the period of reaction sets in the employment of stimulants and narcotics is of more doubtful benefit, and treatment should be modified according to the symptoms and indications.—*Med. and Surg. Rep., March 18.*

### HYPODERMICS OF ETHER IN ASIATIC CHOLERA.

Dr. DUPUY (*Progrès Médicale*) claims that in the cold stage of Asiatic cholera hypodermic injections of sulphuric ether have a very marked effect. If the temperature be already low the ether injections raise it as high as it has been previously lowered. Dupuy advises the use of the same procedure in the treatment of collapse arising from other causes than Asiatic cholera. He has found this procedure to answer well in asthmatic paroxysms.—*The Druggist.*

### RABIES.—HOANG-NAN.

M. GINGEOT recently reported to the Société Médicale des Hôpitaux, a case of rabies treated with hoang-nan. His experience, in this case, led him to the following conclusions: 1. There is reason to believe that this drug may prove efficacious in the treatment of rabies. 2. It should not be adminis-

tered by the mouth, because it is apt to induce dysphagia and emesis. 3. The hypodermic injection of a ten per cent. aqueous solution of the alcoholic extract of hoang-nan furnishes the best method of administration. 4. The injections should be made at short intervals. 5. The maximum dose cannot be defined beforehand, in any individual case. The injections should not be suspended until symptoms of intolerance, which usually appear simultaneously with the therapeutic effects, are established.—*Le Cour. Méd.—Med. Record, May 13.*

#### HYDROPHOBIA.—CURARE.

Dr. OFFENBERG, of Bonn, reports the following case: The daughter of a Westphalian peasant was bitten by a dog known to be rabid. She was 24 years old. The sore was cauterized with aqua ammonia, and eleven weeks after the accident it had almost healed up, when suddenly rabid symptoms made their appearance. After the description which Dr. Offenbergs gives, it is impossible to have the slightest doubt of the nature of the disease. Morphia and chloroform having been employed without effect, the Professor injected 10 centigrammes of 5 per cent. curare solution, administered in seven injections during the space of four hours. After this lapse of time the convulsions gradually decreased, but a fresh injection was required after thirty hours to combat a new attack, which disappeared after an injection of three centigrammes. On the third day the cure was complete.—*Archiv. für Wissenschaft und prakt. Thierh.—Translated from Journal de Therap.—Therap. Gaz., March.*

#### LYSSOPHOBIA.

Two interesting cases of this variety of spurious hydrophobia are reported from Philadelphia. A boy died of hydrophobia. During his dying struggles foam from his lips flew into his father's eye. The latter, a man of nervous temperament, immediately imagined that he had become inoculated by the disease. He almost immediately developed the symptoms of hydrophobia even to its laryngeal spasms, but these were controllable by the will, under strong mental stimulus. Large doses of chloral were ultimately required to quiet him. During his excitement he bit his hysterical daughter, who thereupon developed similar symptoms. This kind of cases is very frequent during hydrophobia panics, and readily explains why so many cases of cured hydrophobia are from time to time reported. Dr. Hammond (*Diseases of the Nervous System*, Edition of 1881,) cites a case in which lyssophobia occurred; the diagnosis being made manifest by the controllability of the laryngeal spasms. During the hydrophobia panic of 1874, one patient died from lyssophobia, and similar instances of its fatality are reported by Labadie, Lagrave, Berthier, Rouppe, Ponteau and Fleming. Whether hydrophobia can be produced by inoculation with the saliva of a rabid human being is a question which cannot be positively settled. The older views are that it cannot, while certain recent researches of Pasteur seem to show that hydrophobic inoculation from man to man is a possibility.—*Chicago Med. Review.*

#### TREATMENT OF SNAKE-BITE.

Dr. VINCENT RICHARDS (*Indian Medical Gazette*, January) offers the following suggestions as to the treatment of snake-bite: 1. In the case of the bite being on a limb, a ligature should be at once applied above the bitten part, care being taken that it is sufficiently tight to prevent any blood being taken up into the general circulation from the distal end; give a full dose of opium (forty minims of the tincture, or half a grain of morphia), hypodermically. 2. Inject hypodermically, into the bitten part, a solution of the permanganate (one grain to a drachm), and well press the part with the

fingers. 3. Open a vein below the bitten part, and wind round the limb an elastic bandage, so as to exsanguinate the limb below the bitten part. 4. Cut through the bitten part, and, when dry, apply pulverized permanganate, and then loosen the ligature. In the case of a person bitten on the trunk, any treatment, however prompt, may be useless; but it would be well to inject the part with the permanganate, and give a full dose of opium. "It may not be generally known to the members of the profession that a poisonous bite may be easily ascertained by cutting through the punctures into the areolar tissue beneath, when, if a red-currant-jelly-like appearance be observable, the bite is poisonous. The merit of pointing out the diagnostic value of this local appearance is due to Dr. Wall."—*Med. and Surg. Rep.*, April 15.

### TRICHINOSIS.

In a recent instructive lecture on the subject of trichinosis, M. Germain Sée distinguished four clinical types under which the symptoms may manifest themselves. The first is the gastro-intestinal form, in which the affected individuals are seized with grave digestive troubles without apparent cause, epigastric discomfort and sense of distention, nausea, and vomiting. The times of the vomiting vary; sometimes they occur on the day on which the trichinous food was taken, sometimes they are delayed for four or five days. The vomiting is usually accompanied with diarrhœa, sometimes choleric form in character. Such symptoms, if slight, may be readily mistaken for a simple indigestion. If the nature of the disease is, however, suspected, the diagnosis may readily be made by the discovery of the entozoa in the stools. When the diarrhœa is excessive the symptoms may resemble those of cholera, but two distinctive characteristics are the excessive perspirations and considerable muscular prostration, which may even precede the onset of the diarrhœa. In the second, or rheumatoid form, muscular pains are the dominant symptom; muscular exertion is painful, and causes fatigue. Toward the eighth day the muscles become swollen, hard, and tender, and the flexors are always more affected than the extensors, and from the swelling of the muscles, shortening, and even a flexor contracture, may result. Painful trismus or difficult deglutition may be the effect of the presence of the trichinæ in the muscles of the jaw and pharynx, and the affection of the laryngeal muscles may change the voice, and that of the intercostals and diaphragm may cause a painful dyspnoea. With these are spontaneous pains, often severe, irregular in distribution, not corresponding to the course of the nerves, and constantly mistaken for rheumatism. In this form, also, there are usually initial gastro-intestinal troubles, which (as well as the prostration) should always arouse suspicion. The third and most characteristic is the cedematous form. The patients make their appearance with swollen faces, particularly the eyelids, and they complain of complete prostration. The swelling may be bilateral or unilateral, and in the latter case is pathognomonic. This œdema, with normal heart and urine, with muscular prostration and initial gastro-intestinal troubles, should leave the diagnosis in little doubt. The last is the typhoid form, between which and enteric fever there are several analogies. There is continuous fever, considerable prostration, some dyspnoea, and much muscular pain. Three distinctive symptoms, however, are the profuse sweating, the œdema of the face, which is present in nine out of ten cases of trichinosis, and the brief duration of the pyrexia, which ceases although the other symptoms persist. The last is the gravest form, and death may occur in the second or third week with delirium or stupor, and the general aspect of a severe case of typhoid disease.—*Lancet.*—*Med. News*, March 11.

### HIGH TEMPERATURE.—PROPER WAY TO GIVE ACONITE.

In the *London Medical Record*, Dr. William Murrell makes some judicious observations on the correct plan for administering aconite so as to secure its most advantageous action. He observes that aconite does act best in small



doses frequently repeated. Many practitioners get no good from aconite because they do not know how to use it. The dose of the tincture recommended in the British Pharmacopœia—from five to fifteen minims—is absurdly large, and no one with any respect for his patient's safety, or his own reputation, would think of giving it. The best way is to put half a drachm of the tincture in a four-ounce bottle of water, and to tell the patient to take a teaspoonful of this every ten minutes for the first hour, and after this hourly for some hours. Even smaller doses may be given in the case of children. The great indication for the use of aconite is elevation of temperature; the clinical thermometer and aconite bottle should go hand in hand. If properly used, aconite is one of the most valuable and indispensable drugs in the Pharmacopœia.—*Kansas Med. Index.*

### HYPODERMIC USE OF QUININE IN CERTAIN FEVERS.

Dr. SAWYER, of Whistler, Ala., recently contributed a paper to the *Virginia Medical Monthly* on the foregoing subject, in which he says:

The use of quinine hypodermically would be, perhaps, much more general than it is but for the fear of painful abscesses forming at the point of injection. This troublesome sequence can, I think, be always avoided, firstly, by using *boiled* water and a little *tartaric* acid as the menstruum for the solution of the quinine; secondly, by pressing the fluid slowly into the tissues; thirdly, by gently rubbing away the first portion of the injected fluid before more is passed into the tissues.

A too rapid hypodermic injection tears the tissues so much as to lead to inflammatory processes and to the formation of abscesses.

The use of the mineral acids for solvent purposes, such as sulphuric, hydrochloric, nitric acids, leads to the formation of abscesses by their irritating, caustic, and destructive effects, upon the tissues injected.

Lactic acid has been recommended as a solvent of quinia salts; but it also produces effects nearly as bad as the mineral acids.

Tartaric acid exists as a natural acid in grapes and in other fruits and in wines, and seems to be a healthy ingredient of the fluids of the body. In my hands abscesses have never followed its use, while the stronger acids were quickly abandoned.—*Amer. Pract., May.*

### REDUCTION OF BODY-TEMPERATURE.—USES OF RUBBER TUBING.

In the year 1874, Dr. CHAMBERLAIN presented to the *New York Medical Journal* and Library Association the subject of the various ends which could be accomplished by extemporized appliances made from rubber tubing and used for circulating water over the surface of the body for the purpose of reducing temperature. But he had been unable to find any publication of the communication. At that time he supposed it was his own device, but subsequently ascertained that the same idea had been presented by Dr. Roberts, of London, in 1871, and Dr. Ashhurst, of Philadelphia, in 1872. Although the appliances were original to himself, they were not unprecedented; but certainly they antedated by several years the supposed novelties designated as Leiter's tubes.

Dr. Chamberlain then spoke of cold as an antipyretic, and remarked that the best single monograph in the use of cold in surgical affections had been written by Esmarch. He quoted the following sentence to show the high estimation in which the use of cold was held by that writer: "Of all the means which we possess for limiting the inflammatory process, I regard cold as the most available and most efficient, and without it I would rather not be a surgeon."

The essential feature of Dr. Chamberlain's appliances was the circulation of water through coils of rubber tubing, availing himself of the siphon pres-

sure. Coil the tubing and make disks of varying size, and attach one end to a piece of tubing connected with a fountain placed at such height as may be desirable. He had applied cold by this means in a number of local affections with satisfactory results. The coils possessed a certain degree of usefulness in the treatment of the heat of fever, and perhaps might be available in cases in which objections were made to the use of baths or packs or Kibbee's cot. The rapid return of the heat, after the use of the cold bath, might be prevented by the use of the coils. He had found the syphon principle especially serviceable in irrigating the internal cavities, such as the stomach and bladder. He thought that the coils would be of service in the application of cold to the eye. When the coils were fastened together with wire tape used by milliners, the disk or plate could be bent so as to fit any portion of the body.—*Med. Record*, April 29.

### IODINE IN TYPHOID FEVER.

Dr. N. S. DAVIS, Chicago, has treated fourteen cases of typhoid fever with iodine given according to the following formula:

R. Iodinii, gr. viij; potassii iodidi, 3ss; aquæ dest., fl. ʒjss. M. Sig. Twelve to fifteen minims, diluted with two tablespoonfuls of sweetened water, repeated every four hours for the first three or four days, and then every six hours until indications of convalescence appear.

Nine of his cases were put upon this treatment during the first week of the disease; the other five not till the first half of the second week. Dr. Davis looks upon iodine as a remedy of great value if given in the forming stage, or during the first week after the confinement of the patient from the development of the fever.

He does not attribute to the drug any specific action in typhoid fever, but uses it simply as a general alterant and antiseptic adapted to meet certain rational indications afforded by the pathology of the disease. It should not be employed to the exclusion of appropriate collateral remedies.—*Louv. Med. News*, April 29.

### IODIDE OF POTASSIUM IN TYPHOID FEVER.

Dr. OATMAN claims that iodide of potassium is as much a specific in typhoid as quinia is in intermittent fever. He says: An adult with uncomplicated typhoid may take five grains of iodide of potassium every three hours in sweetened water. Also every three hours give one dessertspoonful of the following:

R. Ol, teribinth, tr. anisi, ʒā 1 fl. ʒ; viteli ovi., No. 2; sacchari, ʒ3; aquæ puræ ad., 2ʒ; ft. emulsio. M. Sig. This emulsion may be taken between the doses of the iodide.—*Pacific Med. and Surg. Jour.*

### DIARRHEA OF TYPHOID.—TURPENTINE.

The excessive diarrhea of typhoid is said to be remarkably controlled by the administration of twenty drops of turpentine every two or three hours.—*Med. Record*.

### TREATMENT OF TYMPANITIS.

Typanitis is a complication of typhoid fever and enteritis, which merits to be treated with care. The late Maurice Reynaud prescribed with great success: Nux vomica in powder, anise-seed in powder, q.s. Mix, one to be taken in the morning, and one in the evening. M. Reynaud also ordered two tablespoonfuls of powdered charcoal in the course of the day.—*Med. Press and Cir.—Indpt Pract.*, March.

## YELLOW FEVER.—PROPHYLACTIC VALUE OF SALICYLIC ACID.

Dr. WALLS WHITE instructed the captain of a Brazilian-bound vessel to give salicylic acid to his men when he reached his destination. On arriving at Rio Janeiro, it was found that the yellow fever was prevailing. Among the one hundred and fifty ships in the harbor, there was not one that had not had from two to four deaths on board. The captain in question gave his men from five to ten grains of salicylic acid daily, for fifteen days, during which time all the crew remained well. The medicine was then stopped for a few days, but as some of the men began to show prodromal symptoms they were put upon it again. The vessel soon after left the port, having had no case of yellow fever.—*El Siglo Med.*—*Med. Record*, April 29.

## SIMPLE CONTINUED FEVER.

R. Acid. hydro-brom., ʒi; syr. simplic, ʒii; aq. ad. ʒi. M. Sig. In divided doses during the hour. Dr. Fothergill, in speaking of the above formula, says it will probably constitute, *par excellence*, the fever mixture of the future. It is especially indicated where there is cerebral disturbances.—*Can. Jour. Med. Sc.*, March.

## PYÆMIA, ERYSIPELAS, TYPHUS, DISSECTING WOUNDS, ETC.

R. Acid sulphurosi, ʒ6; tinct. aurantii, ʒ1; tinct. chloroformi co, ʒ90; quiniæ sulphat, grs. 12-18; aquæ ad., ʒ6. M. Sig. One sixth part with two tablespoonfuls of water every six or eight hours.—*Med. Gaz.*, March 11.

## TREATMENT OF MALARIAL CHILL.

At the Bellevue Hospital the following means are, among others, employed to prevent malarial chill. 1. The hypodermic injection of pilocarpine, gr. 1-6. 2. The inhalation of gtt. v. of amyl nitrite every twenty to thirty minutes. 3. The administration of chloroform and whisky, of each ʒss. The excessive diarrhœa of typhoid is said to be remarkably controlled by the administration of gtt. xx. of turpentine every two or three hours.—*So. Med. Record*, April.

## DIPHTHERIA—THYMOL.

Dr. WARREN (*Le Progrès Méd.*) has employed the following formula with much success in diphtheria:

Glycerin, 70 parts; chlorate of potash, 10 parts; brandy, 250 parts; sulphate of quinine, 2 to 4 parts; thymol, 30 to 50 parts.

A dessertspoonful of this mixture may be given hourly or every two hours to children of two to five years of age. For older children the dose may be increased to a tablespoonful. It should be given as far as possible without the addition of water, as it then produces an excitant or even irritant action on the buccal mucous membrane. It may also be employed as a prophylactic remedy against diphtheria and malaria. It has also been used as a tonic with much success in cases of typhoid fever with diarrhœa, but in this condition a few drops of the tincture of iron should be added to each dose.—*London Pract.*—*Louv. Med. News*, April 8.

## SLAKING LIME IN DIPHTHERIA.

Inhalation of the fumes of lime in process of slaking is often efficient in securing detachment of morbid products from the air passages and their expulsion by cough. This method should always be tried when time permits, before resorting to direct surgical procedure. Pending the resort to the lime, the vapor of steaming water may be inhaled, evolved from a special kettle, or from a pan of water heated by a portable stove of some kind by the side of the bed. In either instance the vapor can be directed toward the mouth of the patient by a funnel-shaped cowl extemporized from stiff paper. Sprays of lime water, lactic acid, bromine, and other drugs, are sometimes very useful for the same purpose; but the slaking lime seems by far the most reliable agent.—*J. Solis Cohen, Holmes' Sys. Surgery.—Md. Med. Jour., March 15.*

## TANNIN IN DIPHTHERIA.

Dr. A. WYMAN WILLIAMS, in the *British Medical Journal*, October, 1881, p. 654, claims for the local application of tannin all the value that he maintained this drug possessed in 1867, when, before the Obstetrical Society, Dr. Williams read a paper on the treatment of diphtheria. The deposit, characteristic of the disease, is almost instantaneously removed by the free application of a solution of tannic acid, two drachms; rectified spirits of wine, two drachms; and of water, six drachms.—*London Med. Record—Can. Jour. Med. Sc.*

## DIPHTHERIA—IODOFORM.

Iodoform in diphtheria has been used by Dr. Sesemann, of St. Petersburg, with favorable results. He applies a mixture of iodoform, one part; milk sugar, three parts.—*Med. Record, April 22.*

## VACCINO-TUBERCULOSIS AND VACCINO-SYPHILIS.

Dr. J. CAPPIE SHAND, commenting on this subject, in the *Medical Press and Circular*, says:—

A paper was recently read by Dr. Wolffe, at the Glasgow Medico-Chirurgical Society, in which he described a case of tuberculosis affecting the eye. He pointed out that a small particle of the tuberculous mass having detached itself, gravitated through the clear fluid, and itself became the centre of tubercular development.

I would call attention to the fact that this case is of great importance in visually establishing the truth of the danger of transmitting that disease through the medium of vaccination from one individual to another. Moreover, as it is quite a recognized fact that local tubercle is developed by local inflammation, especially in the subject predisposed to tuberculosis, and bearing in mind that vaccination is a local inflammatory process, it becomes clear that a probability almost amounting to a certainty exists, that tubercle may be introduced to the previously healthy individual, through vaccination. Hence, it is necessary, before we take lymph from one infant to inoculate another, to examine, not only the condition of that infant, but also to inquire into its family history, which is practically impossible. Every one knows that an apparently healthy child may be tubercular, but this also applies to other diseases, notably to syphilis, and I may shortly substantiate my statement by recording the following case:

Three years ago I was in attendance on the widow of a clergyman for a severely ulcerated leg. It did not look syphilitic, but as it would not yield to ordinary remedies, I afterward used successfully the green iodide of mercury. I then obtained the further information that a child of hers contracted

syphilis "through a wet nurse," and after the discharge of the latter the lady had a chancre on her mouth, the result of which I have just mentioned. This boy, however, although having an occasional rash, looked so healthy that one of our first medical men, who was then attending, expressed his urgent desire to obtain lymph from the child after being vaccinated.

All I have to say in favor of animal rather than humanized lymph is, that a breeder of cattle selects for breeding purposes those cattle which he considers healthy and free from disease, and consequently, I would expect greater immunity from hereditary disease among them.

I think syphilis may frequently be produced, as well as tubercle, and remain in the system for a length of time before being recognized; and I am further of opinion, with reference to vaccination, that it should be optional although apparently desirable, and that it should be put upon such a footing as to prevent it from propagating such diseases as tuberculosis and syphilis. —*Med. and Surg. Rep.*, March 25.

### MUSTARD IN THE TREATMENT OF SMALLPOX.

E. S. LYNDON, M. D., Athens, Ga., writes:—Just before the close of the war I was called to prescribe for a Confederate soldier, suffering with great nausea. A large mustard plaster was ordered to be placed over the stomach. A few hours afterward my attention was directed to an eruption covering the part where the mustard had been placed. It was a well developed case of smallpox. There was no eruption on any other part of the body. The pustules were well developed, with the characteristic pit. I did not have another opportunity to try it, but believe a mustard plaster applied to any part of the body will bring out the eruption twenty-five to thirty-six hours earlier than usual, so that a diagnosis can be made on the first day of the fever. I believe it possible to invite all the eruptions to any part of the body, and thus avoid the pitting of the face. And in malignant cases, where the poison produces death before the eruption appears, the mustard might possibly bring out the eruption and save the patient. The experiment is easy and harmless. —*Med. and Surg. Rep.*, March 11.

### SAMLLPOX DISINFECTANTS.

From the *National Board of Health Bulletin* we note the following methods for smallpox disinfection, ordered by the Illinois State Board of Health. The best infectants are, sunlight, fresh air, soap and water, thorough cleanliness, for general use. For special purposes the following are the most efficient, the simplest and the cheapest: 1. *Copperas disinfectant*.—Sulphate of iron (copperas), one and one-half pounds; water, one gallon. A convenient way to prepare this is to suspend a basket containing about sixty pounds of copperas in a barrel of water. The solution should be frequently and liberally used in cellars, privies, water closets, gutters, sewers, cesspools, yards, stables, etc. 2. *Sulphur disinfectant*.—Roll sulphur (brimstone), two pounds, to a room ten feet square, and in the same proportion for larger rooms. When using this, have all windows, fire-places, flues, keyholes, doors, and other openings, securely closed by strips or sheets of paper pasted over them. Then place on the hearth, or stove, or on bricks set in a wash tub containing live coals, upon which throw the sulphur. All articles that cannot be burned, on account of their value, must be left in the room, while this fumigation must last for twenty-four hours, and may be repeated, when the doors and windows should be left wide open for two or three weeks. 3. *Zinc disinfectant*.—Sulphate of zinc (white vitriol), one and one-half pounds; common salt, three-quarters of a pound; water, six gallons. Into this solution all clothing, blankets, sheets, towels, etc., used about the patient should be dropped immediately after use, and should be well boiled as soon as practicable. Into this solution ought to be dipped the outer wrap of any visitor

when he leaves the room. In the event of death, the body should be wrapped in a sheet thoroughly saturated with this solution. 4. *Thymol water*.—Made by adding one teaspoonful of spirits of thymol to a half gallon of water. Spirits of thymol is composed of tyymol, one ounce, alchohol, 85 per cent., three ounces. This may be used for the same disinfecting purposes as carbolic acid; it is quite as efficient and has an agreeable odor. When thymol is not available, chloride of zinc solution may be used, half an ounce of chlor. zinc to one gallon of water.—*Med. and Surg. Reporter*.

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### VACCINATION.

Many persons are of the impression, and some (very few) physicians even teach, that vaccination should not be permitted where smallpox is prevailing as an epidemic, or is in the same house where unvaccinated persons may be living. There could not be a more dangerous practice, or one so adverse to the plain doctrines of the profession. Vaccinia and variola are two separate and distinct diseases. Variola cannot produce vaccinia, nor can the latter affection produce variola. These affections are antidotal to each other, so that where one exists, the other cannot; and where one has passed through the system the other cannot have an effect upon it for a certain number of years. This is true no matter from what source the vaccine virus may have been obtained, whether from the heifer or the human subject. These facts being premised it follows that it is perfectly safe and proper to vaccinate when smallpox is prevailing as an epidemic, or when a person has been exposed to its contagion. Should the vaccination develop into a proper pustule with its accompanying areola no fear of smallpox may be entertained. Should it not, no harm is done. A physician who advises against vaccination under such circumstances is certainly acting unwisely to say the least.—*Pittsburgh Med. Jour., March*.

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### DELIRIUM TREMENS.

We abstract the following from a lecture by Dr. Jas. T. Whittaker, M.D., Good Samaritan Hospital Medical Clinic, March 31.

Chloral is the cardinal remedy in the treatment of delirium tremens. A single large dose of it will often jugulate the disease. Less than thirty grains is useless, and it is wise to give a whole drachm at once. One large dose is infinitely better than repeated small doses, and there is no danger in the use of it in this disease, provided, I repeat it again and again, provided there is no weakness at the heart. But drunkards, you say, are the very individuals who do have fatty hearts. So they do, and hence with chloral as with every other remedy, you must pick out your cases. A young strong man, like this, suffering with his first attack or attacks is not yet the subject of this lesion. It is the old drunkard, the habitual sot, who more especially suffers in this way, the gross, corpulent, heavy, sluggish and thoroughly selfish individual who oftenest has the fatty heart. Put your ear down to the chest and listen to the sounds of the heart. If they are muffled, if the pulse is feeble, if it fade away entirely when you hold up the arm at right angles to the body, you will give no chloral to that case.

What then will you give? Opium is the anodyne for the more chronic case, or for the acute complication in a chronic case. Give morphia preferably and give it hypodermically that it be not rejected. Give in an average case one-half a grain of morphia in this way, and having waited ten or fifteen minutes for its immediate effects, you may leave the case for two or three hours to the assistants. If there shall have been still no sleep, and the pupils are not contracted, you may give one-fourth of a grain more. Here you will stop for four hours at least, when you will wish to see the condition of the pupils again. If they are now contracted and the breathing is slow your vigil with the case begins. Should these danger signs continue too long

or grow worse, you will have to keep the patient awake. You will do this best, not by flagellation, not by dragging the patient about the room, nor forcing him between two men to walk the streets, nor by splashing him and the bed with water, but by simply calling his name aloud in his ear. This you must repeat and repeat until the respirations come to ten to the minute at least, as you count it with your watch in your hand. Perhaps you may have to give much more morphia than I have indicated to secure the sleep, perhaps you may be so situated as to have the patient take the tincture of opium in divided doses over a longer time, perhaps you may have to combine the opium with something else, perhaps you may have a case to which you do not dare to give opium at all, because of the complicating pneumonia or meningitis; all these things you will have to determine, each man for himself, and each case for itself, and upon your judgment here as elsewhere will rest the result with the case and with you.

Three remedies there are with which to combat delirium tremens. Two we have mentioned already. The third is digitalis. Digitalis is for the fatty heart, the weak pulse, the cold surface, in short, the collapse. Give by preference the infusion, freshly made, a dessertspoonful to a tablespoonful every two, three or four hours, how can anyone say, how much or how often in his judgment is best unless he sees the individual case.

The bromide of potassium is for the next day, for the day after the sleep, or for a mild case during the day, when the drug for the sleep is for the night.

But you are not yet done with the treatment of the case. The sermon is now to be preached, and you are the best preacher, better than any temperance fanatic. Because you can appeal to the revelations of science regarding the effects of alcoholism, appeal to the reason, if there is any left; while the other preachers may appeal only to the emotions which, even when stronger, fleet like the clouds. That we may ourselves, however, not dwell in generalities among the clouds, let me say that you will advise your patients to drink wine and beer instead of the stronger preparations of alcohol, for to the Southern peoples of Italy, Spain and South Germany, where wine and beer flow like milk and honey in the promised land, delirium tremens is almost unknown.—*Cin. Lancet and Clinic, April 15.*

## OUTLINE THERAPEUTICS OF CHRONIC ALCOHOLISM.

DR. C. H. HUGHES says in the *Alienist and Neurologist* :

The following are some thoroughly tested formulæ which I have for the past ten years quite successfully used; some reformatations among pretty well advanced inebriates having, through their aid, been effected in my practice:

When called upon to see a person prostrated from a long debauch, the friends or patient desiring to end it, the formula first employed has usually been as follows:

R. Kali brom.,  $\mathfrak{z}\text{ j}$ ; aq. destil. q. s. ft.,  $\mathfrak{z}\text{ jv}$ : aq. ammon. fort.,  $\mathfrak{z}\text{ ss}$ ; ext. quassie fld.,  $\mathfrak{z}\text{ ss}$ ; tr. capsici,  $\mathfrak{z}\text{ iij}$ ; aq. menth. pip.,  $\mathfrak{z}\text{ v}$ ; morph. sulph., gr. iij. M. S. Tablespoonful every four or six hours during the first few days, well diluted with peppermint or other aromatic water charged with a drop or two of ol. creosoti, or half a drachm of cherry laurel water of the Pharmacopœia.

The morphia in this prescription I withdraw so soon as practicable, and substitute cannabis indica and hyosciamus extracts in minimum doses, if anything more actively narcotic than the bromides seems necessary during the day. This one formula, minus the morphia, with gradual diminution of the ammonia and capsicum, has invariably proven to be sufficient, especially if an occasional two-scruple or half-drachm extra dose of the bromide of ammonium or of sodium is given, largely diluted in not less than eight ounces of water.

Hypnotic doses of chloral at night are always given in plenty of water to avoid burning the lips and throat, insure quick absorption and gastric tranquillity. Thirty to forty grains given in this way at the patient's usual time

for sleep rarely disappoints. One dose of chloral in twenty-four hours is enough.

A hypodermic injection of hyosciamine may be administered in its stead, but the sleep from it in alcoholism, seems not to be so refreshing as that which follows chloral.

The ammonia and capsicum in the formula may be increased till the toper is satisfied from their taste and effects that he is taking something that supplements alcohol and fills the vacuum in the morbidly hungry stomach provided not over forty drops of aq. ammonia are given in a dose. The morphia may likewise be temporarily increased without the patient's knowledge of the name of the drug.

The bowels, of course, must be attended to in the beginning.

Every ingredient of the above formula is to be withdrawn in the course of a week or ten days, except the potassic bromide and the bitter extracts, the others being supplemented by pure water.

The precaution is always observed of having the patient carry a little of the original formula in his inside vest pocket, to be used on the emergency of a return of the drink craving.

A pungent bitter tonic, and warming to the stomach, and whose after effects are tranquilizing to the nervous system, is the best form of tonic for the toper, and with them, strychnia and the lacto or hypophosphites may be combined at the pleasure of the physician.—*St. Louis M. and S. Jour., April.*

#### BLISTER TREATMENT OF ACUTE RHEUMATISM.

Dr. HEBERT DAVIES, in pointing out the unsatisfactory results of the salicylate treatment (*London Lancet*), claims the following advantages for the blister treatment, deduced from the observation of 50 cases at the London Hospital:

1. Blisters well and early applied (while fever is high and pain most acute) around every inflamed joint, and followed by large poultices to favor the discharge of large quantities of serum, produce rapid and full alleviation of the pain, reduce the pyrexia quickly, and speedily restore the use of the painful joints.

2. The bold and free application of blisters around each inflamed joint restrains the tendency of the rheumatic virus to desert the limbs for the heart thus depriving this disease of its most dreaded results. In the London Hosp. Clin. Report I find the following statement: "In no case where the heart was sound at admission did any organic lesion subsequently develop itself, and in two cases in which soft but distinct mitral murmur was audible when the patient came under treatment, every trace of the sound rapidly disappeared as soon as a free and abundant serous discharge had been established."

3. Relapses are slight in intensity and by no means frequent.

4. The urine loses under this treatment its abnormal acidity without the internal use of any alkaline remedy, becoming often neutral and even alkaline.

5. The time of the stay of the patients in the hospital was much less than six weeks—the old traditionary remedy for acute rheumatism. The average of my cases was 26 days.—*Med. Jour., April.*

#### TREATMENT OF ACUTE RHEUMATISM.

We read in the *Concours Medical* (No. 48), that Dr. Carpani, having made numerous observations, and studied the best authorities on the subject, has divided the different methods of treating this affection into the following four groups, each with special indications:

1. Salicylate of soda is useful in cases of acute febrile polyarthritis, attended by highly localized articular manifestations. It is contraindicated by the concomitance of cardiac affections, nervous troubles, or gastro-intestinal or renal difficulties.



2. Bisulphate of quinine is indicated in cases where rheumatism is a manifestation of, or associated with, malarial infection.

3. Benzoic acid should only be used when nephritis is a complication of acute articular rheumatism, attended by fevers.

4. Blisters (Dechill's and Davies' method) are the most reliable agents for curing mono-articular rheumatism, or that form in which but few articulations are involved.—*Med. and Surg. Reporter*.

### SALICYLIC ACID LOCALLY IN RHEUMATISM.

Dr. CHARLES ORTON (*British Medical Journal*) claims that lint, soaked in a solution of salicylate of soda and applied to the affected joints in acute rheumatism, has been attended with speedy and great relief. This procedure is one not likely to be attended with the disadvantages consequent upon the administration of salicylic acid per ore, and would seem worthy of extended trial.—*Chicago Med. Rev.*, March. 15.

### PTOMAINES.

An American physician, having any acquaintance with the methods which obtain in the conduct of criminal cases before our American courts, could hardly fail to be struck with the weak defense of the prisoner Lamson, in its medical aspects. At the present time, the subject of the chemical reactions and the physiological effects of the vegetable alkaloids found in the human body after death from one of them must be involved in much doubt, owing to the discovery of *ptomaines*, alkaloidal substances, "discovered and named by Selmi, generated during decay, and closely resembling the vegetable alkaloids, not only in their physiological effects, but also in their chemical reactions." *Ptomaines*, says Dr. Stevenson in the *London Medical Record*, Nov. 15, 1881, are usually produced in substances which, after brief exposure, have been excluded from access of air, as in buried corpses, in the internal viscera of the living, sausages, and canned foods; but Spica has obtained no less than four *ptomaines* from the fluid of peritonitis, taken from a living patient. It appears, also, that "*ptomaines* present, in general, the leading properties, physical and chemical, of the vegetable alkaloids, as veratria, morphia and codeia, and may readily be confounded with them." Such is the statement of Dr. Thomas Stevenson, the toxicologist to whose researches Dr. Lamson chiefly owes his conviction. But the counsel for this unfortunate wretch made no attempt to put before the jury these remarkable statements from the man whose pitiless recital of chemical facts took away any chance for acquittal, which, in the absence of such testimony, might have been possible.

If this case had occurred before any American tribunal, the court room and the papers would have been filled with the history and properties of *ptomaines*. If the counsel for the defence had been ignorant of them, "experts" would have hastened to fill him with knowledge. Whilst we may admire the superior dignity of the English method, we can hardly commend the knowledge of wisdom of the barrister who did not know, or failed to get, the information which might have seriously damaged the chemical testimony of the prosecution. If the attempt to get this important point before the jury had failed, at least public attention would be powerfully directed to the *ptomaines*, and their real place in toxicology might have been established.—*Medical News*, April 15.

### POISONING BY STRYCHNIA SUCCESSFULLY TREATED BY AMYL NITRITE.

Dr. ROBERT BARNES, in the *British Medical Journal* for April 1, reports a case of a gentleman who had swallowed a poisonous dose of strychnia, and was suffering with most violent tetanic spasms, with marked opisthotonus,

and his respiration was nearly suspended, when the inhalation of nitrite of amyl was followed by great amelioration of the symptoms. The moment that the premonitory twitchings were noticed, the inhalation was commenced, with the effect of averting or greatly modifying the fits; and, to make the evidence more complete, when the warning was not seized in time the convulsion appeared in nearly its original intensity. This treatment, continued for sixteen hours, resulted in the recovery of the patient. It does not appear that any other antidote was given. The power of nitrite of amyl in subduing spasms also renders it of service in obstetrics, both in general convulsions and in hour-glass or other irregular or excessive contraction of the uterus. For these purposes, Dr. Barnes thinks it even more valuable than chloroform. —*Med. Times, May 6.*

### LUTIDINE AS AN ANTIDOTE FOR STRYCHNIA.

Messrs. GREVILLE WILLIAMS and WATERS have discovered an antidote for strychnia in the organic base first prepared by the former, by distilling cinchona with caustic potash, and to which he assigned the name *beta* lutidine. Having ascertained, by experiments upon frogs, that *beta* lutidine causes a distinct increase in the tonicities of both cardiac and voluntary muscular tissues; also retardation of the heart's beat; that it arrests the inhibitory power of the vagus; and that, by its action upon the nerve-cells of the spinal cord, it, in the first place lengthens the time of reflex action, and then arrests that function; they proceeded to test its direct counter-action to strychnia. The brains of frogs were destroyed in the usual way. An animal was then treated with *beta* lutidine till reflex action disappeared; when the subsequent administration of strychnia was not followed by the usual results. To another frog, strychnia was given till strychnia tetanus was produced, when it was found that the subsequent administration of lutidine caused the tetanus to pass off. The almost simultaneous administration of the two bases was not followed by tetanus. The results of these experiments are most promising, and it is to be hoped that the fanaticism of the antivivisection portion of the community will not be influential to prevent the use of *beta* lutidine in practical toxicology. We hope to hear that the base has been used for experiments on animals poisoned by strychnia and whose brains have not been destroyed. —*Brit. Med. Journal. —Druggists' Cir., May.*

### TOBACCO POISONING.

Dr. J. M. BIGELOW reports the case of a young man who had been suddenly seized, on the street, with a convulsion, of which there was no premonition. Found him pallid; countenance pinched and contorted; pulse variable, being for a few seconds 136 to the minute, then 38, and intermittent. Heart action was very irregular, the sounds muffled and running into each other. Temperature was normal. Eyes were staring, pupils dilated. He had severe pain and distress in the left side, especially over the heart. Dyspnoea was marked; respiration sighing; hiccup; cold perspiration and great prostration. Convulsions rapidly succeeded, with great agitation of the extremities, without loss of consciousness, and at their termination, anæsthesia, especially of the left side, with uncontrollable nervous tremor. After the transit of the convulsions a cataleptic condition was observed. This passed off, and was succeeded directly by hysterical tremors, convulsive twitching of the flexor muscles of the whole body, with agonized apprehension of approaching catastrophe and death. He would clutch the arm of a by-stander and beseech him to save his life, to relieve him of the great precordial distress and threatening suffocation. Conversation or any violent motion of the attendants provoked these spasmodic attacks. It was learned that this was the third attack within a year. He was an excessive tobacco smoker, sometimes consuming ten cigars a day; he had begun its use at the age of twelve. He had little appetite most of the time, was pale and cadaverous, enfeebled,

restless, starting in his sleep, and his disposition had become irritable. There was no family history of nervous disease; his own health, aside from this, had been good. Morphia was given hypodermically and bromide of potassium and carbonate of ammonium internally, and in a few days iron, quinine and strychnia; tobacco was interdicted. The latter injunction was disregarded, and four days later he had another even more violent convulsion; he then gave up tobacco, and has since been in good health.—*Med. Annals*, Nov., 1881.

In the *Revue Scientifique* for Nov. 19, 1881, there is a paper by M. Thoreus on this subject, in which attention is particularly directed to tobacco poisoning as productive of symptoms closely allied to those of angina-pectoris, particularly when the tobacco smoke is inhaled.—*Can. Med. and Surg. Jour.*

### CONDITIONS UNDER WHICH OXYGEN IS A POISON.

Pure oxygen inhaled for three days, determines, in mice, fatal congestive and inflammatory pulmonary lesions. If the animals are removed before the expiration of three days, the pulmonary accidents are not necessarily fatal, and their intensity is more or less related to the duration of the oxygen inhalation, in dogs as well as in mice.

Injected into the veins, pure oxygen proves fatal to dogs whenever the tension of the injected gas, irrespective of its quantity, is equal to the muscular strength of the right heart. Injected into the arteries in the smallest proportion, oxygen gives rise to serious nervous symptoms, often fatal, dependent on gaseous embolisms. The lesions vary from a simple ischæmia, up to hæmorrhages and acute softening, indicating an obstruction of the capillaries by elastic, gaseous columns. Breathed in a state of high tension, pure oxygen is a poison, as has been established by the remarkable researches of Paul Bert, confirmed by the experiences of M. Feltz. Under all circumstances, the action of oxygen is exerted on the nervous system.

Notwithstanding that oxygen may, under some circumstances, prove a poison, it is, under many others, a most useful remedy. In the asphyxia produced by the inhalation of cesspool gases, it affords prompt relief by renewing again the function of the red globules. In many kinds of dyspnœa, it is the most rational remedy. When the respiratory organs are unable to obtain a sufficient supply of air, although exerting their utmost efforts, the inhalation of oxygen at once relieves the distress. Quebracho is supposed to blunt the sense of want of air, but oxygen relieves it by furnishing the required material. Quebracho, then, merely renders the patient insensible to the source of distress, whilst oxygen removes the cause of it. For many cases of dyspnœa, oxygen is superior to its newest rival. Oxygen, again, has an important office in improving the condition of the blood in anæmia, chlorosis, and allied conditions.—*Medical News*.

### POISONING BY CHROMATE OF LEAD IN WEAVERS.

Dr. ROBT. C. SMITH contributes the following cases to the *British Medical Journal*. Mrs. B., aged 30, a weaver in a cotton mill, has been unable to work for six weeks; suffering from great weakness, wandering pains in her limbs, and anæmia. Her gums show well marked signs of lead poisoning. No albumen in urine. She attributes her illness to the inhalation of a yellow dust that was given up from the yarns in the process of weaving an orange-colored cloth. She had always enjoyed good health before being employed on this class of goods, and stated that her fellow workers, when engaged on this kind of work, sooner or later sickened. Mary C., a weaver in the same mill, was seen a few days subsequently. The blue line was very distinct. Her breath was offensive, while the skin and conjunctivæ were of a distinctly yellow color. There was obstinate sickness and purging of dark, sap-green motions (probably stained with chromium oxide). Urine contained albumen

and a trace of chromium, but no bile nor lead. This girl's sister presented the same line of symptoms. Some seventy similar cases were observed from the same mill. In one fatal case distinct traces of lead were found in the liver. Public opinion being aroused, pressure was brought to bear on the employers, who have since then caused the yarn to be more carefully dyed and prepared before being woven. The winders and weavers wear a muslin respirator over the mouth and nose when at work; and use hooks to thread the shuttle, instead of sucking the weft through its eye with the mouth. By these precautions, rigorously carried out, the operatives, though still weaving chromes, no longer suffer from lead poisoning.

In these cases, the yellowness of the skin was the first symptom to disappear, and the blue gums the last. He concludes that, after absorption, the dichromate undergoes decomposition within the blood; the lead being fixed in the tissue, while the chromic acid combines most probably with soda—a compound which is intensely yellow, and stains the liquor sanguinis and skin for a time; and finally leaves the body by the liver and kidneys.—*Med. and Surg. Rep.*, March 11.

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### TOXIC EFFECTS OF NITRO GLYCERINE.

R. BARRINGTON NEVITT, B. A., M. B., Surgeon to the Hospital for Sick Children, the House of Providence, and the Toronto Dispensary, reports the following:—

A. B., a florid, healthy looking man of about 40, by occupation a contractor, having a great deal to do in constructing drains, makes use of dynamite cartridges. He frequently carries one of the cartridges about with him in his bare hand for the purpose of warming it. The cartridges are made of paper, and the nitro-glycerine often leaks through, staining the paper. He has noticed on one or two occasions a stinging sensation when he had a cut or a crack in his hand. After this within a few minutes he would be seized with an intense headache, flushing of the face, singing in the ears, and a feeling as though the head were enormously enlarged and swollen, together with a palpitation of the heart. At other times the headache would not come on until night, after his return from work. It would then occur, accompanied by the same symptoms as during the day, and was traced to his usual custom, after washing his hands as thoroughly as possible, of touching his tongue with the fingers, to see if all the dynamite was washed off. It was only when he tasted a peculiar sweetish taste that the headaches were found to supervene. After being advised of the probable cause of these symptoms he used gloves when handling the cartridges, and did not taste his fingers, and has since had no sensations of the above character.—*Can. Jour. Med. Sc.*

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### POISONING BY CREASOTE.

The following case is reported by FORDYCE GRINNELL, M. D., Physician to the Pine Bridge Indian Agency, Dakota:—

Baby Brewer, a boy one year old, was given by his eldest sister, in the absence of the mother, a teaspoonful of creasote. I saw the child about half an hour afterward, and noted marked depression of the heart's action, great pallor, and an anxious expression of countenance, with an occasional hoarse, croupy cough and stertorous breathing.

The child obtained its nourishment mainly by nursing, and a tenacious material, probably the milk partially coagulated by the creasote (as there was a strong odor of the latter), was expelled occasionally from the nose and mouth in attempts at coughing.

As it was not known that vomiting had taken place, the only emetic at hand, the fluid extract of ipecac, was given, and this was followed by castor oil, with the view of enveloping the poison which might be remaining in the stomach. Free emesis was produced, the material vomited having a strong odor of creasote.

As the breathing became more labored, and the signs of collapse imminent, aromatic spirits of ammonia was given, and mustard drafts applied to the feet. The pulsation which a little before could not be detected in the radial artery, now became perceptible, and the returning warmth of the body indicated a favorable reaction.

The indications now were to combat the inflammation, which, during the night, the extreme thirst showed to be already arising. Broken pieces of ice were freely given, which the child seemed to enjoy, and frequently indicated his desire for them. The thirst gradually became less, and on the morning of the third day I found the patient sitting up in bed and eating scraped apple. No further untoward symptoms supervened, and the child was a few days since brought to my office to be vaccinated.—*Med. News*, April 1.

#### CHLORAL IN BELLADONNA-POISONING.

In the *Lancet*, Dr. PROTHEROE SMITH reports a case of belladonna-poisoning from inadvertence, the dose being from half an ounce to an ounce of the liniment, which was taken at 5 A. M. The lady was seen at 9 A. M., and a mustard emetic caused free vomiting. She was treated with opium, stimulants, and food. Next day, at 11 A. M., she remained still incoherent, restless, but with a fuller pulse. At this time half a drachm of chloral-hydrate was given. In half an hour she regained consciousness, and, after enjoying a refreshing night's rest, was next day quite herself again.—*London Med. Record*.—*Can. Jour. Med. Sc.*, April.

#### PHENIC ACID POISONING.

This acid, like many other powerful agents in therapeutics, is a poison. The intoxication it produces is little known and the particular attention of practising physicians is called to it. Concerning the absorption of phenic acid in the digestive passages we are not well informed, but doubtless it may be absorbed by the hands when they are washed with it. The number of cases of intoxication has been so great that many physicians have condemned the use of it. The symptoms are chilliness, despondency, a sort of stupor, accompanied with vomiting and highly colored and dark urine. The accidents of intoxication are analogous to shock, and terminate by a rapid death after operations. These cases are from too free a use of phenic acid in washing out abscesses and deep sinuses, as in the iliac fossa and in long continued injections.

But another mode of intoxication, and which is often overlooked, is from phenic acid inhalation, particularly manifested in the dark color of the urine—besides the nausea, headache and vomiting—which can be removed by the withdrawal of the acid. Some persons are peculiarly susceptible to the poison of phenic acid, particularly very young infants. We have seen them perish by collapse—particularly after a compress with the acid (applied by the nurse) around the limbs of the infant. We have seen a doctor with the phenic acid poison, suffer vertigo, loss of appetite, after three weeks washing with phenic acid, using three grammes each time. After some days the symptoms subsided. Most of the acid is impure, and the more impure it is the more poisonous. The sulphate of soda is the best antidote.—*Jour. de Ther.*—*Therap. Gaz.*

#### POISONING BY CANTHARIDES.

ROBIN (*Le Progrès Medical*, November 26, 1881,) reports the following case. A child, seven years and a half old, who had Pott's disease, had the blisters produced by an actual cautery dressed with cantharidian cerate. On several occasions the child had pain in the abdomen and loins, nausea and constipa-

tion, and stranguary. Diagnoses were made varying from amyloid renal degeneration to vesical neuralgia and even to compression myelitis. There was marked increase of the phosphates and corresponding diminution of the chlorides during the attack. Intense albuminuria preceded the attack by some hours, increased during them and disappeared on their cessation. The cerate dressings were suspected, and on their removal the attacks ceased, to return on their reapplication. These results are much more frequent after the use of cantharides than Robin seems to think.—*Chicago Med. Rev.*, May 1.

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### POISONING BY NITRATE OF POTASH.

Dr. WOLSTENHOLME reports the following case in the *British Medical Journal*: He was called to see a farm laborer, who complained of intense pain in the stomach. It was constant and of a burning character. On inquiry it was found that he had taken an ounce of salts about 7.30 in the morning. The salts did not taste quite the same as usual, but they were not sour. As soon as he had taken the salts he felt the intense pain in his stomach. He felt sick, but did not vomit until four hours afterward. His pulse was fifty-six, full and strong; pupils normal, tongue moist, with white fur down the center. No excoriations about the mouth or any signs of an irritant. An opiate was ordered to be taken every hour, with hot applications to the epigastrium. Late in the afternoon he was called again. The same symptoms were presented. The patient now said he thought it was *saltpetre* he had taken, and this was subsequently demonstrated to be the case.

He was given a free emetic and a copious warm water enema with one-fourth of a grain of morphia in pill every three hours. After the emetic and enema had acted, the patient was much easier, and made a gradual and steady recovery.—*Druggists' Cir.*, May.

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### POISONING BY YELLOW ACONITE.

"A lady had a bunch of freshly-cut flowers of yellow aconite in a glass of water on the table in her drawing-room. A pet dormouse belonging to one of the children was running about on the table, over the child's hand and arm. The child said the dormouse was thirsty, and she took her little thimble, filled it with water from the glass, and offered it to the dormouse. The animal drank it readily. In a minute or two it fell over on its back and, after a short struggle, died upon the table." The yellow aconite would thus seem to be not quite so inactive as has been assumed.—*Med. Times and Gaz.*—*Louv. Med. News*, April 29.

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### CURIOUS CASE OF LEAD-POISONING.

Dr. CHURTON reports a curious case of a dressmaker, who was attending the Leeds Dispensary, and who was found to have a distinct blue line upon the gums, which disappeared in the course of a few weeks under iodide of potassium. An investigation of the case revealed the fact that silken thread, being sold by weight and not by length, is sometimes adulterated with sugar of lead; and upon questioning the patient it was found that it had been a common practice with her, when at work, to hold silk (and also other kinds of thread) in her mouth, and that she had done this the more readily with silk inasmuch as it often had a sweet taste. Upon further inquiry, it was learned that the silk thread of the best makers is tasteless, whereas some inferior thread is sweet.—*British Med. Jour.*—*Med. Times*.

## POISONING BY PHOSPHORUS BY THE RECTUM.

LANDERER relates in the *Archiv der Pharmacie* for the present year a case in which a woman, in order to come into the possession of a large inheritance, poisoned a boy, aged 15, by introducing the ends of phosphorus matches into his rectum. The boy died the same night, with very severe pain and inflammation of the rectum. The murderess committed suicide soon after her apprehension.—*Cin. Lancet and Clinic, April 29.*

## MERCURIAL SALIVATION.

For the prevention of salivation Prof. Panas prescribes the following powder, with which the gums should be rubbed ten or twelve times a day during treatment by mercury:

Powder of cinchona, 3 parts; powder of rhatany, 1 part; powdered chloride of potash, 1 part.—*Med. Times and Gaz.—Louv. Med. News, April 8.*

## DISEASES OF THE NERVOUS SYSTEM.

## ERGOT IN DISEASES OF THE NERVOUS SYSTEM.

According to Dr. ETIENNE EVETZKY, ergot is the standard remedy in inflammatory diseases of the cerebro-spinal axis. The diseases of the spinal cord and its membranes, being the more common, have been treated with ergot more frequently, and the general experience is to the effect that it is a very valuable and active agent in these cases. It is urged that we must not adhere too closely to the doses laid down in the books, but push the medicine as far as the patient can bear it safely and comfortably, and it is surprising how great the tolerance may be. It is generally advisable to combine ergot with iodide of potassium, in connection with the use of electricity, counter-irritants, cold, etc.

Ergot is used even more frequently in the diseases of the cerebro-spinal axis associated with or depending upon congestion and hyperæmia. Who is not aware of the rapid relief following its use in congestive headaches, congestion of the spine, and hyperæmia of the brain and cord?

*Epilepsy* has been treated with ergot, alone or combined with other remedies, and the results have been good.

Jacobi used it in a case of *chorea* caused by a hyperæmic state of the cord, and the patient made a rapid recovery.

Various forms of *insanity* are aggravated by cerebral hyperæmia, and ergot is very beneficial in these cases.

Dedrickson obtained good results in *sun-stroke* and its after effects.

Ergot has been used with very good results in the different *vaso-motor neuroses*—hemispheres of the vaso-paralytic type, and herpes zoster (Sachse).

When a neuralgia depends upon vascular disorders of the nerve sheaths, ergot is very frequently of great benefit. Woakes was the first to adopt the hypodermic injections, made in the vicinity of the painful spots, or in indifferent parts of the body. His good results have been confirmed by others. Still this mode of treatment is not very reliable.—*N. Y. Med. Jour., March.*

## CEREBROSCOPY.

All important diseases of the brain and cord, also serious diathetic diseases may be recognized by the ophthalmoscope. Congestion and swelling of the optic nerve indicate congestion or compression of brain, meningitis or com-

mening spinal disease. Oedema of disc and neighboring retina shows oedema of meninges and obstruction to circulation in sinuses and meningeal veins, in tuberc. meningitis, in acute and chronic hydrocephalus, in cerebral hemorrhage, in certain cerebral tumors accompanied by encephalitis, etc. Retinal varices and thromboses indicate thrombosis of the sinuses and meningeal veins. Miliary aneurisms of the retinal arteries show miliary aneurisms of the brain. In fevers and diseases of the nervous system retinal hemorrhages indicate either compression of brain by copious effusion, hemorrhagic diathesis, cardiac obstruction to cerebral circulation, or changes in cerebral and retinal vessels caused by albuminuria, glycosuria, syphilis and leucæmia. Miliary tubercles of retina and choroid show tuberculosis of brain or meninges. In nervous diseases, atrophy of disc or sclerosis of optic nerve always indicates a disseminated sclerosis of brain or anterior columns of cord.—*Bouchut, Int. Med. Congress.—Md. Med. Jour.*

### CEREBRAL SOFTENING AS A RESULT OF EMBOLUS.

Prof. WILLIAM A. HAMMOND, referring to the treatment of this affection, says:—

The one great and grand thing to do when the patient is seen in the first stage of the attack is to *let him alone*. Merely keep the head slightly elevated and cool, and there stop. Later on, after the active symptoms of irritation, such as muscular twitchings and convulsions and the general prostration, have passed off, then the head should be kept warm, at an equable temperature, but not hot, so as to facilitate the flow of blood to the part. Otherwise simply carry out whatever indications may arise, such as drawing off the water if the bladder is paralyzed, or administering a cathartic if there is obstinate constipation. The diet should be nourishing and simple, and the habits regular. But if the strength continues to fail, and there appear symptoms of heart-weakness, the question as to whether stimulants should be given then arises. When such a crisis comes there is only one thing to do. Alcoholic stimulants must be administered carefully in small and repeated doses, and the effect closely watched. So the patient should be tided over the dangerous period until the vessels can recover their normal relations. But after all active symptoms have disappeared something should be done in the way of trying to improve the nutrition and power of the brain. Strychnia and phosphorus seem to have such an influence. One-tenth of a grain of phosphate of zinc and one-third of a grain of nuxvomica may be given at a dose. The following is the usual formula:

B. Zinci phosphatis, gr. iij; ext. nucis vomicæ, gr. x. Fiat pillulæ xxx. Sig. One pill three times a day.—*Med. and Surg. Rep.*

### UNILATERAL PERSPIRATION AND HEMIATROPHY, WITH THEIR RELATION TO THE NERVOUS SYSTEM.

TAKÁCS (*Centralblatt f. Nerehld.*, 1881, 13), has observed a case in which the patient (a man, aged 32, left-handed), was seized with pains, weakness and stiffness in the right extremities. At the same time he ceased to perspire on the right side of the body. Pilocarpin injections produced some sweating on that side, especially on the back of the hand, where perspiration appeared more abundant than on the left hand. The whole right side of the body was, when patient came under observation, viz., two years after the beginning of the disease, much thinner than the left. There was distinct atrophy of all the right hand muscles, which showed deficient reaction to electricity.

The author remarks that most cases of a similar nature hitherto described have been referred to hyper- or hypokinetic conditions of the sympathetic. He thinks, however, that the combination of pupillary vasomotor and trophic symptoms has its origin in the cord itself. The cilio-spinal centre accounts for the pupillary symptoms. And, according to the late researches of Adamkiewicz, perspiration is governed by the anterior grey matter of the cord.



The suspension of perspiration does not depend upon a mere vaso-constriction, but upon paresis of special nerve action, and pilocarpin is a stimulant of such an action.—*Brain*.—*Cin. Lancet and Clinic*, April 1.

### MULTIPLE CEREBRO-SPINAL SCLEROSIS.

On February 27th, before the Academy of Medicine, Dr. WHITTAKER reported the following case:—

A professional gentleman, about thirty-five years of age, otherwise in robust health, was attacked with tremors about two years ago. No cause could be assigned for them; the man had been of regular habits and gave no history of syphilis. Nothing more could be learned than that he had been attacked by robbers some years ago and had received a blow on the head, but he recovered from it without any lesions. The tremors were first observed in his gait so as to excite the suspicion that he had been drinking. Gradually they invaded the upper extremities so that he was unable to write, then the head began to oscillate and finally the tremors became general—the whole period of the symptoms covering about one year from the first onset of the disease. The tremors occurred only after muscular efforts and then became uncontrollable. There was no defect of vision, no nystagmus.

On account of the rarity and importance in a diagnostic point of view the speaker presented the patient to the class. When questions were put to him he answered by dividing his words into syllables—in a *scanning* measure. Some of the students recognized the case at once as one of multiple cerebro-spinal sclerosis, though one student quite naturally took it for chorea. The diagnosis is to be made between these two diseases and paralysis agitans, which is not very difficult. In sclerosis of the brain and cord the tremors are in the line of muscular action, while in chorea they are irregular and in every direction. In paralysis agitans the tremors are constant, while in sclerosis they occur only during muscular efforts. Moreover paralysis agitans generally occurs late in life, between fifty and sixty, while sclerosis belongs to adult life, between twenty and forty. The cause as well as pathology is obscure. All we know is that sclerotic patches are found in the brain or cord or both, varying in size from a pin's head to a dime or even a quarter of a dollar. The disease depends on or is a chronic inflammation, but what induces it is not definitely known. An excuse for our want of more accurate knowledge of these conditions is the fact that this subject has been but recently studied, more particularly by the French and Germans. The prognosis as well as treatment is unfavorable. Nothing controls it except the constant current, chloride of barium, or nitrate of silver, and then the effect is only temporary.—*Cin. Lancet and Clinic*.

### DOSAGE IN NEURO-THERAPY.

Dosage in Neuro-Therapy should, in most cases, be proportionate in quantity to the effect desired, regardless, sometimes, of the ordinary maximum, with the reservation that after the administration of a large dose a sufficient interval should elapse to allow of complete, or nearly complete elimination.

Ill-success in the management of nervous diseases is often the result of dosage inadequate in quantity to make decided impression on the nerve system, and too often repeated, so that irritability instead of tranquilization, and other bad effects too often follow the exhibition of a good neurotic agent. A sixty-grain dose of any of the bromides given once or twice in twenty-four hours will do much better than thrice the amount spread over one hour intervals. And so with chloral, a single full dose of thirty to fifty grains accomplishes more tranquilization than ten grains every hour. Ten grains every hour will sometimes excite a condition of irritability which four ten-grain doses blended in one, and given at bed-time in a glassful of water, would arrest or subdue. The ordinary dose of hyosciamine and morphia, and all

other tranquilizing neurotics, fall under the same law. In many cases a sixtieth or a thirtieth of a grain of hyosciamine, like a twelfth or eight of a grain of morphia, will provoke insomnia and excite delirium rather than allay or overcome them. Having once determined to employ a hypnotic, we ought to use a full dose.—*Alienist and Nemrol.*, April.

### NICOTINISM.

Dr. ALLEN McLANE, Hamilton, in his work on nervous diseases, says, that for the person who presents decided nervous symptoms, traceable to tobacco, no better treatment can be suggested than the continuous use of a tonic containing iron, quinine, and strychnine, such, perhaps, as the following:

R. Strychniæ sulphatis, gr. j; quiniæ sulphatis, 3 j. tr. Ferri chloridi, 3 v; acidi phosph. dil., syr. limonis, aa ʒ ij. M. Sig. One teaspoonful in water thrice daily.—*Can. Jour. Med. Sc.*, April.

### LOCOMOTOR ATAXIA—PILOCARPIN.

It is claimed that pilocarpin in some cases has a remarkable effect in relieving the terrible pains in locomotor ataxia.—*Med. and Surg. Rep.*, April. 15.

### BROMIDE OF URANIUM IN TABES.

Dr. A. VULPIAN (*Revue de Médecine*, February, 1882,) claims that in certain epileptiform phenomena occurring during locomotor ataxia he has found the bromide of uranium at times of service. He gives it in one sixty-sixth grain doses three or four times a day. In certain cases it is not borne well, but where it is it has a marked action on both the epileptiform phenomena and the pains of locomotor ataxia.—*Chicago Med. Rev.*, April 1.

### TRAUMATIC TETANUS TREATED BY SULPHATE OF ESERINE—RECOVERY.

Dr. LAYTON, in the *New Orleans Medical and Surgical Journal* for March, reports a case of severe tetanus in a boy 11 years of age, occurring three weeks after injury to the foot. Bromides, chloral, cannabis Indica, were tried without good effect. Eserine was then substituted in doses of one-sixty-fourth of a grain (a milligramme) every hour, in the following prescription:

R. Eserin. sulphat. gr. ¼; glycerin., f 3 ij; syrup. aurant. cort., f 3 xiv; aquæ, f 3 ij. M.

The glycerin being added to prevent change in the eserine. The full adult dose (a teaspoonful) was given at first every hour. At no time were there symptoms of poisoning by the agent, and no contraction of the pupils; in short, nothing but the beneficial effects of the remedy was manifest. The dose was gradually reduced as the symptoms ameliorated. During the week the boy took three grains in all. The prescription was then discontinued, the only remaining trace of the attack at that time being some rigidity of the jaws, which had entirely disappeared a fortnight later.—*Med. Times*, April 8.

### ACUTE TRAUMATIC TETANUS SUCCESSFULLY TREATED BY CHLORAL AND IODIDE OF POTASSIUM.

Mr. J. H. SALTER contributes another case to the increasing list of successes by the combined use of bromide and chloral. A laborer, aged fifty-one, smashed the little finger of his right hand, and subsequently treated it first

by poultices, and later by water dressings. After a period of some seven weeks general spasms began to manifest themselves at short intervals, the flexors of his trunk and extremities being involved, while the jaw became fixed. Temperature normal. Chloral and bromide of potassium were then given him every two hours, the former in ten-grain, the latter in fifteen-grain doses, with, in addition, from fifteen to thirty grains of chloral hypodermically, this latter procedure having a very marked effect. Decided improvement was not noted for twenty days, but from that period on was satisfactory. The man is now entirely well and working daily. During the period of twenty days he took two hundred and forty grains of the bromide and one hundred and eighty of chloral per day, the total amount given during the time being of chloral sixty drachms, and of the bromide eighty drachms or thereabout.—*The Practitioner*.—*Med. Record*, April 29.

### OPIUM PARALYSIS.—ELECTRICITY.

We select the following from cases reported by R. J. Curtiss, M. D.:

Mrs. M., aged 23 years, married to her second husband and mother of three children, drank a pint of brandy during a forenoon and about 12 o'clock swallowed an ounce of laudanum. The servant girl was cognizant of the facts, and when her mistress became unconscious gave the alarm. When I saw her about 2 hours afterward, she was unconscious, surface cold, pulse scarcely perceptible, her head drawn back, eyes open, suffused, and cornea insensible; her mouth open, tongue paralyzed, and respiration four or five a minute and stertorous. I gave gr. 1-100 sulph. atropia, which was repeated three times during the next 24 hours. The recovery of this case was due to the fact that respiration was kept up by the induced current for over 12 hours. One pole was applied on the neck below the ear, and whenever the other was applied over the diaphragm she would breathe—sometimes breathing two or three times. At the end of about 12 hours the respiratory function was restored, but she did not recover consciousness for several hours.—*Peoria Med. Mo.*, March.

### PARALYSIS TREATED BY EXTENSION.

Dr. C. R. ILLINGWORTH reports the following case in the *British Medical Journal*. A case of paralysis of five months' standing was brought to me. The patient was a young lad, aged 15, and the disease at first came upon him gradually, he being able to walk, although with difficulty for some weeks. There then occurred sudden and total loss of motion in the lower part of the body, and he was unable to either sit or stand up.

He had been systematically galvanized for three months, without any appreciable effect. Reflex motor power was impaired, but good. A peculiar forward protrusion of the chin, together with the above mentioned symptoms, led to a diagnosis of curvature in the cervical region, leading to paralysis of motion from pressure upon the anterior columns of the spinal cord, and it was decided to adopt gradual extension. The patient was laid upon a bed, the head of which was very much raised. The body, from the shoulders downward, was fixed to an upright pillar at the foot of the bed, by means of ropes attached to each side of a tightly fitting waistcoat, and extension of the head was then made, by means of a halter with chin-strap, pulling in a direction running through the crown of the head. The extending power consisted of an elastic ring and metal chain, fixed to the halter. By putting the elastic on the stretch, and fixing the chain to an upright pillar at the head of the bed, continual gradual extension was secured, the chain being tightened a link or two as the elastic slackened. This apparatus was used during the day only, for two months, with very good results. In one month the patient began to move his toes, and every day afterward the motor power returned to the lower limbs, and he became able to get up. A pulley was

then fixed to the ceiling, and he was instructed to pull himself up by the rope, several times daily. In a few weeks he was able to walk with assistance, and four months after the commencement of treatment he could walk steadily and well, without help.—*Med. and Surg. Rep.*, April 1.

### WRITERS' CRAMP OR SCRIVENERS' PALSY.

TROUSSEAU and other eminent authors have considered this as an incurable affection. The following case, reported by Dr. H. Vigouroux, in *Paris Medical*, will, therefore, be read with interest.

Mr. X., a bookkeeper, noticed that his handwriting was becoming illegible, the pen holder dropped from his fingers, despite his efforts to hold it, and his hand trembled whenever he attempted to write. He consulted several physicians, and followed different treatments, without obtaining any benefit. Finally, he consulted Dr. Vigouroux, who, without any hopes of positive success, advised a trial of the actual cautery. On the 4th of April three rows of five points were applied on the posterior face of the forearm, between the elbow and wrist. On the third day the patient began experiencing relief; pain had disappeared, there was less irritation, and greater ease in holding the pen, but the writing still remained scrawled. Other cauterizations were made on the 11th and 19th of the same month, and a decided improvement was noticeable. The third application was extended over the dorsal face of the hand, to the tip of the little finger, which was the seat of quite a sharp pain, owing to the cramped position in which the hand had to be held while writing. After a fourth application, made on the 3d of May, the handwriting became as perfect as before the cramp set in. To insure complete recovery, three other cauterizations were made, on the 17th of May, 21st of June, and 12th of July; since which the patient has experienced no further trouble whatever.—*Med. and Surg. Rep.*

### WRITERS' CRAMP.—WOLFF'S TREATMENT.

The treatment of functional spasmodic affections in general is so very unsatisfactory, that we should gladly welcome any substantial addition to our therapeutic knowledge from any quarter. M. Wolff, a German teacher of writing, has earned for himself a considerable reputation by his skill in the treatment of this class of affections; and his success is attested by such authorities as Nussbaum, Bamberger, Benedikt, Billroth, and Esmarch. Hearing of the beneficial results of this system, M. Charcot invited him to Paris, and placed under his care two patients suffering from writers' cramp, who had been treated by himself and M. Vigouroux for some months without any improvement. M. Vigouroux has published the cases (*Le Progrès Medical*, 1882, No. 3), and mentions that, after being handed over to M. Wolff, the first was cured in fifteen, and the second in thirteen days. M. Wolff's system consists in a combination of gymnastics and massage. He makes his patients execute movements in all directions with the affected hand for half an hour to an hour and a half at a time, three or four times a day; and, in addition, the muscles involved are stretched more or less forcibly three or four hundred times daily. He also uses massage and friction, and attaches considerable importance to percussing the affected muscles. The most essential part is the extension of the spasmodic muscles. He thinks, if no improvement is apparent after five or six sittings, the case should be abandoned. The method is worth imitating, though, as M. Vigouroux remarks, while M. Wolff generously explains his procedure, he cannot give us, at the same time, his experience, his practical skill, or that medical instinct which not only enabled him to devise his method, but guides him in its application.—*Western Lancet*, March.

## MALARIAL HEMIPLEGIA.

Dr. GEORGE A. COLLAMORE reports what he considers an authentic case of this rare affection in the *Ohio Medical Journal*. The patient was a boy, aged eight, who was suddenly taken with a fit on December 9th. This was almost immediately followed by complete hemiplegia of the left side, including the face. Sensation and vision on that side were completely lost, and the eyes were deviated to the left. The head would shake for hours at a time. Speech was not affected. He had a high fever. He continued in this condition for three days, when the symptoms nearly all disappeared. Twenty-four hours later he had a chill followed by fever. Two days later he had a slight fever. The patient recovered rapidly under quinia.—*Med. Record*, March 11.

## ERGOT IN LEAD PALSY.

We read, in the *Lyon Médical*, that Dr. Stites recommends the following mixture in cases of hemiplegia and paralysis having their origin in chronic lead poisoning:—

R. Potass. iodid., 3ij; ext. ergotæ fl., ʒj; ext. nucis vomic. fl., 3j; tr. opii camph., ʒj; syr. simplic., ʒiv. M. A tablespoonful of this mixture may be taken night and morning.

A very great amelioration, if not complete cure, is obtained in about one month. The efficacy of ergot is explained by its well known action on the non-striated muscle fibres, and its long continued use does not seem to produce the results attributed to it (gangrene, etc.)—*Med. and Surg. Rep.*, April 1.

## CHOREA CURED BY CHLOROFORM.

A young girl was aroused from sleep by the entrance of water into her room, and had to escape by walking up to her waist in water. She was menstruating at the time. The menses ceased, and in three or four days headache, buzzing in the ears, with delirium ensued. A week later choreic movements commenced in all four extremities, and finally involved the trunk and the entire body. These convulsive movements were so severe that the skin was injured in many places from them. Speech became impossible and swallowing difficult. She uttered constantly a hoarse, unearthly cry; the eyes were turned and she seemed to suffocate. During two weeks all kinds of antispasmodics and narcotics were tried without avail. Morphine injections in large doses gave transient rest. The patient had not eaten or slept for three weeks, when the author ordered: R. Chloroformi 2.5 grm; aq. laurocerasi 5 c. g.; syr. morph. 15 c. g.; aq. tiliae 40 c. g. M. Sig. A teaspoonful every half hour. After the first dose, containing 4 minims of chloroform, sleep ensued of one hour's duration. Upon continued use of the remedy, in four days the convulsive movements ceased, the appetite returned and the patient was cured.—*Centralbl. f. Psych.*—*Pacific M. and S. Jour.*

## CONIUM AND SALICYLIC ACID IN CHOREA.

Dr. T. CHURTON LEEDS, England, *British Medical Journal*, March 18, 1882) claims to have had very good results from a combination of these two drugs in rheumatic chorea. The salicylic acid was given in twenty grain doses in combination with half a drachm of succus conii in the course of every four hours.—*Chicago Med. Rev.*, April 15.

## NEURALGIA CAUSED BY DIABETES.

Prof. DRASCHE, of Vienna, in a lengthy article shows that many cases of severe neuralgia are caused by diabetes. These neuralgic affections are worse at night, and are usually symmetrical. He recommends morphia and

quinine in large doses, with cold packs, and bathing; and a milk diet long continued, greatly improved the condition. The sugar first began to disappear and then the pains.—*Wien. Med. Woch.*—*Can. Jour. Med. Sc., April.*

### CARBON DISULPHIDE IN NEURALGIC PAINS.

From an extensive use of carbon disulphide Dr. E. Sanders, of New York, claims that it possesses undoubted therapeutic properties. In an article in the *Medical News*, Dr. Sanders reports a number of cases which were benefited by its use. In all cases of neuralgic pains and nervous cephalalgias it seldom fails to give relief. The remedy is used in the following manner: A ball of cotton batting is drawn out into a conical shape, and under the apex of the cone five or ten drops of the liquid are poured. The cone is then inverted and pressed firmly over the painful spot. It is important to make the application over the points of greatest pain. The length of the application depends upon the sensations of the patient; it produces a burning sensation, but does not vesicate. The relief is almost instantaneous. Dr. Sanders inclines to the belief that the agent acts as an intense, quickly-acting, and transient local counter-irritant, and not as a local sedative.—*Louv. Med. News, April 29.*

### NEURALGIA AS A WARNING.

The great prevalence of neuralgia (*London Lancet*) or what commonly goes by that name, should be regarded as a warning, indicative of a low condition of health, which must necessarily render its subjects peculiarly susceptible to the invasion of diseases of an aggressive type. It is always essential that the vital forces should be vigorous, and the nerve power, in especial, in full development; but neuralgia indicates a low or depressed state of vitality, a poor and weak state, and should be promptly appreciated.—*New Eng. Med. Mo.*

### DR. GROSS' NEURALGIC PILLS.

℞. Quinæ sulph., 3 ij; Morphine sulph., gr. iij; Strychnine sulph., gr. ij; acid arsenosi, gr. iij; ext. aconitis, gr. xxx. M. Et div. Pil. No. LX.—*New Eng. Med. Mo.*

### CROTON CHLORAL HYDRATE IN NEURALGIA.

Dr. C. J. Fox (*Medical Bulletin*) reports some seventeen cases of facial neuralgia successfully treated by croton chloral hydrate. His formula is as follows:

Croton chloral hydrate, 3 ij; glycerin, fl. ℥ ij; aquæ fontana, q. s., fl. ℥ iv. M. f. sol.

In ordinary cases he gives a teaspoonful three times a day. If the symptoms are quite urgent, a teaspoonful every two hours until the pain is relieved. In hysteria accompanied with convulsions it is specially valuable. In large doses the hypnotic effect is marvelous. Dr. Fox says that its primary action is clearly marked in producing anesthesia of the head, and not till after this will its influence extend to the organs of the body.—*Louv. Med. News.*

### PLEURODYNIA AND MYALGIA.

℞. Ammonii chloridi, grs. 80-106; syrupi hemidesmi, ℥ 1; infus. gentianæ co, ℥ 8. M. Sig. Two tablespoonfuls every six hours.—*Med. Gaz., March 4.*

## TREATMENT OF EPILEPSY.

Dr. JAMES DAVIS advises for the treatment of epilepsy the simultaneous use of atropine and the bromides of potassium and ammonium. For six months he has given thrice daily a dose of potassii bromidi, 1 gram 30; ammonii bromidi, 0 gram 60.

At the same time he gave, morning and evening, a granule containing one milligram of sulphate of atropia. After this he prescribed pills containing: Zinci valerianatis, 4 centigr; ext. belladonnæ, 6 milligr; acidi arseniosi, 2 milligr; extracti gentianæ, q. s.

The patient takes two such pills daily for two months; the quantity of valerianate of zinc is then doubled and this treatment continued two months more. He then returns to the bromides for six or eight months; and then he alternates with the pills for two or three years.—*Abeille Méd.—Cin Lancet and Clinic, May 6.*

## EPILEPSY.—HAMILTON'S FORMULA.

Dr. HAMILTON's prescription for epilepsey is as follows:

R. Strychniæ sulph, gr. i; fl. ext. ergotæ,  $\frac{3}{4}$  ss; sol. potass. arsenit, 3 ij; sodii bromid.,  $\frac{3}{4}$  ss; tr. digitalis, 3 iij; aquæ menth. pip. ad.,  $\frac{3}{4}$  iv. M. Sig. A teaspoonful before eating, in a half tumblerful of water.—*Can. Jour. Med. Sc., April.*

## IODIDE OF POTASSIUM IN FRONTAL HEADACHE.

Dr. HALEY states, in the *Australian Medical Journal* for August, that for some years past he has found minimum doses of iodide of potassium of great service in frontal headache. A heavy dull headache situated over the brow, and accompanied by languor, chilliness, and a feeling of general discomfort, with distaste for food, which sometimes approach to nausea, can be completely removed by a two-grain dose dissolved in half a wineglass of water, and this quietly sipped, the whole quantity being taken in about ten minutes. In many cases the effect of these small doses has been simply wonderful. A person who a quarter of an hour before was feeling most miserable, and refused all food, wishing only for quietness, would now take a good meal and resume his wonted cheerfulness. The rapidity with which the iodide acts in these cases constitute its great advantages.—*Louisville Med. News.*

## DISEASES OF THE ORGANS OF RESPIRATION.

## MEDICINAL INJECTIONS INTO LUNG SUBSTANCE.

Dr. EUGEN FRAENKEL, Hamburg, (*Deutsche Medicinische Wochenschrift* No. 4, 1882,) has been experimenting on the injection of medicinal substances into lung tissue, and is inclined to believe that an extension of this process will be attended by good results in cases of tuberculosis, or even in certain cases of chronic bronchitis and pneumonia. The procedure would seem to be a more direct means of reaching the affected tissue, than the present roundabout method of giving remedies through the mouth. At the same time there are certain results which might follow injection into the lung tissue that should lead to caution in any experiment. The lung seems of late to be attracting attention as an organ that has not been sufficiently made the subject of experiment.—*Chicago Med. Rev., March 15.*

## INJECTION OF APOMORPHIA IN CHRONIC BRONCHITIS.

This method was tried last year in two cases, one-twentieth of a grain of apomorphia being injected. This had the effect of producing efforts at vomiting, but nothing was thrown up. There were also great yawning and some perspiration. Sleep always came on within an hour of the administration, and this was natural to appearance, and there was no stertorous breathing. On awakening in the course of an hour or two the breathing seemed relieved, and there appeared to be less clogging of the air-tubes. On two occasions one-twelfth of a grain was placed on the tongue. This caused no nausea or retching. I intend to try this method of treating chronic bronchitis and emphysema further during this winter, as it seems to be a powerful and useful remedy.—*Matthew Charteris, M. D., Prof. of Therapeutics, University of Glasgow. London Lancet.—New Eng. Med. Mo.*

## SOLVENT FOR PSEUDO-MEMBRANES.

Dr. L. ELBERG, of New York, has found bromine to be the best solvent for pseudo-membranes. He uses the following formula:

Bromine, gr. j; potassium bromide, 3 j; water, fl 3 j. M. Sig:—Pour into a cone and inhale the fumes. It does not produce irritation.—*Louv. Med. News, March 18.*

## QUININE FOR COLDS.

Dr. R. V. MATTISON says: Nothing will so effectually prevent a cold, or so speedily arrest it in the first stages, as quinine. If you feel chilly, begin to sneeze, and suffer from feelings of tightness in the nasal passages, take five grains of quinine, and repeat the dose every six hours till three doses are taken, and you will soon be well of your cold. In this latitude colds are nearly always complicated with neuralgias, or symptoms of rheumatism, and where this is the case, the quinine is still the more useful. People who are exceedingly liable to colds, once knowing the virtues of quinine to prevent and arrest these attacks cannot appreciate this practical hint too highly. And quinine may be used to relieve a cold after it has been running several days. The system is depressed, probably, and needs a cerebro-spinal stimulant. Quinine is the thing. But it is peculiarly appropriate in the first or forming stage. Of course other remedies may be necessary to relieve any bronchial element that may be manifest, but to aid the system in throwing off, or to prevent depression, quinine is the remedy.—*Mo. Rev. Med. and Pharm., April.*

## TREATMENT OF SOME FORMS OF PNEUMONIA.

Dr. BIDDLE, Kingston-on-Thames, writes: I wish to draw attention to the remarkable effects produced by the perchloride of iron, combined with hydrocyanic acid, in cases of pneumonia of a low type, especially those due to blood-poisoning. Most practitioners will agree in having seen cases of pneumonia run a course so like, in its general aspect, that of erysipelas as to lead them to imagine that they might be due to similar cause, taking effect in the interstitial substance of the lung, instead of in the subcutaneous tissue. I have seen many such, and I have begun to apply a similar treatment, with, as I say, truly marvellous effects. The first case of the kind in which I ventured on this treatment was that of Mrs. G., aged 35, who had double pneumonia, with pleurisy on the right side, in February of last year. When I first saw her, the pulse was 140, the temperature in the axilla 108°, and the sputa of a deep rust colour. I ordered mustard and linseed poultices, and the following mixture: R. Liqueoris ferris perchloridi fort. 3 ij; acidi hydrocyanici (Scheele) m. viij; aquam ad 3 viij. M. Two tablespoonfuls to be



taken every hour, with an intervening teaspoonful of brandy in water. After thirty hours, the pulse had fallen to 100, the temperature to 99°, the sputa were entirely devoid of blood, and the breathing was almost normal. This patient made a rapid recovery.

In the last case of the kind coming under my notice, which occurred last week, the patient seemed to be in a state of collapse, or syncope; the pulse, 144; the breathing in short gasps; the finger-ends, as seen through the nails, of the color of a thunder-cloud; and both lungs in a state of clog. Delirium also lasted a whole night. She had complained of shortness of breath, and had a phthisical aspect and family history, but had never had any cough until the present time. I ventured upon the same treatment with her; and her pulse is now 96, temperature all but normal, sputa devoid of blood or discoloration of any kind, and she herself anxious to get up.—*Brit. Med. Jour.*—*Can. Jour. Med. Sc., April.*

### TREATMENT OF PNEUMONIA AT BELLEVUE.

The motive of the general treatment of pneumonia at Bellevue Hospital is to sustain the powers and stimulate the functions of the patient till the comparatively brief and self-limited disease shall have spent itself.

The pulse is taken, rather than the temperature, as the gauge which best indicates the capacity for resistance, and an increase in its rapidity and diminution in its force are understood as a call for stimulants. The forms of stimulation used are to some extent subject to differences of opinion on the part of the visiting physicians, but all are agreed as to the value of whiskey, and there is almost as much unanimity in their regard for the carbonate of ammonium. Digitalis is much used, but it is objected to by some, partly because experience seems to indicate that in some cases, when the crisis of the disease has passed, patients are left, after its use, in a condition less favorable for recovery, and partly from the theoretical consideration that this drug is not general enough in its action. Camphor has been employed by some as a diffusible stimulant.

The general treatment of pneumonia is, then, by simple stimulation. In special conditions, however, more is done. When the patient is first seen, if he is suffering from considerable pain, a few doses of morphia are recommended. If the disease is seen at its outset, and if the outset is violent in character, one at least of the leading physicians on the visiting staff believes in the good effect of a few doses of aconite, but its use is not general in the hospital. The spirit of mindererus, sweet spirit of nitre, calomel, and Dover's powder, are used by some in the first stage of the disease. Quinine is occasionally called for to bring down the temperature when it rises to a certain height. One of the visiting physicians makes a special point of the importance of watching the kidneys and seeing that they perform their duty well.

The appearance of oedema of the lungs finds all agreed upon the necessity of pushing the stimulants. But beyond this there are some differences of practice. They would be included in the use of dry cups, the hot pack, oxygen, and, in the few cases which are entirely suitable for it, bleeding.—*Med. Record.*

### TREATMENT OF PNEUMONIA BY THE INHALATION OF ETHER.

Dr. SAMUEL W. FRANCIS, Newport, R. I., reports the successful treatment of an acute case of pneumonia by the inhalation of sulphuric ether. He says that "if seen early, during the first stage, by inhaling ether for thirty minutes, every six hours, many severe and protracted cases of sickness would be arrested." Dr. Francis recommended inhalation of sulphuric ether for bronchitis in 1868 (see J. Solis Cohen's work).—*Med. Record, March 11.*

## TREATMENT OF PLEURISY WITH JABORANDI.

Prof. BOUCHUT (*Med. Chir. Rundschau*) has obtained good results from the use of jaborandi in pleurisy. He gives the following details of a case: A girl, aged seven, was brought on the 5th of February to the hospital; for two days she had experienced rigors, fever, headache, and vomiting. At the time of admission she had an evening temperature of 38.2°C., the pulse-rate being 95: there was much dyspnoea and the patient complained of a "stitch" in her left side. Examination showed that there was pleurisy with exudation on the left side, with displacement of the heart, the apex beat being felt one centimeter from the sternum. On the 6th of February three grams of jaborandi were given; in the evening there was no stitch and no dyspnoea. On the 7th of February it was noted that the patient had passed a good night, and that there was no increase in the exudation. Jaborandi three grams. On the 8th of February vesicular breathing was audible as far as the middle of the sternum. Jaborandi three grams. On the 9th of February vesicular breathing could be heard all over the chest; the heart was in its normal position; there was no fever. On the 10th of February all the symptoms of pleurisy had vanished. The patient continued to take three grams of jaborandi daily until the 20th. The exudation did not return, and there was complete recovery. The author adds, as a warning, that jaborandi acts chiefly upon the salivary glands in children, and only slightly upon the sudoriparous glands.—*Lond. Pract.—Can. Med. Record, April.*

## SAUNDBY ON THE TREATMENT OF CONSUMPTION.

DR. ROBERT SAUNDBY, in the *Practitioner*, October, 1881, p. 249, gives a very valuable *résumé* of this subject. Cod liver oil and quinine are Dr. Saundby's sheet anchors, the hyphosphites having disappointed his expectations. Good nourishment and attention to the digestive functions form the best treatment of cough. If a consumptive patient want to take a short cut to the next world, he has only to take an opiate, paregoric for example. Codeia is most valuable. Camphor inhaled, a lump under the pillow, or some powder in a jug of boiling water, forms an effectual anodyne. To prevent dryness of the mouth, a compressed tablet of chlorate of potash and borax in the cheek remains all night, and causes sufficient salivary secretion to keep the air passages moist. The bronchitic attacks are to be met by the use of turpentine vapor and counter-irritation, and sulphur internally. Nothing controls the profuse secretion of the bronchial mucous membrane so readily as fifteen to twenty grains of sulphate of iron, given in pills or mixture during the day. The use of oro-nasal inhalers, charged with carbolic acid or eucalyptus oil, is strongly advocated. For anorexia, quinine does more than any other drug; while the peptones, Hoff's malt extract, and such like preparations, are, in many cases, most valuable. Cod liver oil, in doses of one teaspoonful, after meals, thrice a day, Dr. Saundby believes to be quite sufficient, larger doses not being assimilated. The diarrhoea is always controlled by two drachms of dilute sulphuric acid to the pint of sugared orange water, drunk *ad libitum*, unless ulceration be present; and then starch and laudanum enemata, or an enema of half an ounce of liquid extract of ergot, will, in most cases, give relief. The sweating is generally controlled by the same means as are used for the diarrhoea; but if not, then atropine or picrotoxine must be used. Hæmoptysis Dr. Saundby treats with ergot internally or subcutaneously. In conclusion, a tabulated view is given of the different remedies. Specific: quinine, cod-liver oil; Cough: liquorice, camphor, codeia lozenges; Bronchitis: turpentine inhalations and epithems; Purulent expectoration: eucalyptus inhalation, sulphate of iron; Anorexia: quinine, peptonised food, malt extracts, cod-liver oil, ether, alcohol; Diarrhoea: sulphuric acid, ergot, ergotine. A good prescription in many cases is the following:

R. Quinæ sulphatis, gr. j (specific tonic); ferri sulphatis, gr. v (for profuse expectoration); acidi sulphurici diluti, ℥ xv (for sweating, diarrhoea, and

hæmoptysis); Aquæ, ad  $\frac{3}{4}$  j. M. To be taken thrice daily. If the sweating be not hereby checked, a minim of solution of sulphate of atropine may be added, and codeia lozenges may be given, with  $\frac{1}{2}$  cod-liver oil in addition, if need be.—*London Med. Record*.—*Can. Jour. Med. Sc.*

### MALTINE IN PULMONARY PHTHISIS.

The great value of Maltine in all wasting diseases, and especially in Pulmonary affections, is becoming more and more apparent to the Medical Profession.

Since the pamphlet on Maltine was issued, one year ago, there have been received nearly one thousand commendatory letters from the Medical Profession from most parts of the world, a large portion of which speak enthusiastically of it in Pulmonary affections.

Any Physician who will test Maltine Plain, in comparison with Cod Liver Oil, in a case of Pulmonary Phthisis, will find that it will increase weight and build up the system far more rapidly. There are, however, many cases when the compounds with Hypophosphites, Phosphates, Peptones, Malto-Yerbine, and Pepsin and Pancreatine are strongly indicated.—*Can. Med. and Surg. Jour.*, April.

### APYRETIC HÆMOPTYSIS OF TUBERCULOSIS.

Dr. JACCOUD (*Deutsche Medizinische Zeitung*, February 23, 1882,) claims that in cases of apyretic hæmoptysis in tubercular subjects he has secured good results from the use of the following mixture: Ergotine, one gramme; glycerine and distilled water, each four grammes, and cherry laurel water, two grammes. Of this, a quarter of a hypodermic syringe-full should be injected twice, thrice or four times daily, as may be found necessary by the requirements of the case. This treatment seems likely to be of benefit in such cases.—*Chicago Med. Rev.*, April 1.

### HOMATROPIN IN THE TREATMENT OF PHTHISIS.

Dr. FROMMÜLLER reports (*Memorabilien*) sixteen cases of phthisis, with night-sweats, in which homatropin was successfully used. The usual dose was .15 (gr. iiss.) in pill form, or .015 (gr.  $\frac{1}{4}$ ) by injection. It was found that one injection would, as a rule, stop the night-sweats for several days. The fever and cough were also lessened, and the drug seemed to have the effect of bringing the disease to a standstill for a time. The advantage over atropin is that it (homatropin) produces its effects without any toxic symptoms, such as widening of the pupil, dryness of the throat, etc. The maximum dose is gr.  $\frac{1}{4}$  to gr. i. by injection.—*Med. Record*, April 22.

### PROFUSE PURULENT EXPECTORATION.—IRON.

Profuse purulent expectoration is best treated by large doses of sulphate of iron. Graves says the action of a chalybeate is not merely limited to strengthen the tone of the stomach and general system; it is also calculated to arrest superabundant secretion from mucous surfaces.—*Can. Med. and Surg. Jour.*

### EXPECTORANT IN PHTHISIS.

R. Sodæ benzoat,  $\mathfrak{D}$ iv; aquæ destillat, aquæ menth. pip., ss,  $\frac{3}{4}$  iiss; syr. cort. aurant,  $\frac{3}{4}$  jss. M. Sig. Tablespoonful every hour for adults.—*Med. Gazette*.

## CARDIAC ASTHMA.

The *Union Médicale* states that M. Dujardin Beaumetz recommends the use of bromide of potassium in those cases of intermittent dyspnoea which are really a cardiac asthma, and which are so frequently attendant on aortic affections. Owing to its action on the bulb, this salt will be found valuable in all conditions of dyspnoea and angina. Small doses of pure, crystallized chlorhydrate or bromhydrate of cicutine may be added to it. Iodide of potassium in progressive doses of from one to four grams (gr. xv–3 j) is also serviceable in asthma from aortic affections. When the paroxysms moderate, the patient should only take about grs. xxij, daily. Another remedy, recommended by Prof. Sée, consists in inhalations of iodide of ethyl. The patient should breathe from five to ten drops, five to eight times daily. Finally, subcutaneous injections of morphine have been found of benefit.—*Med. and Surg. Rep.*, March 11.

## PERTUSSIS.—INSUFFLATIONS OF QUININE.

Dr. FORCHHEIMER (*Amer. Jour. Obst.*) has adopted Letzerich's treatment of pertussis with insufflations of quinine, using one gramme of quinine and half a gramme each of pulverized acacia and soda bicarbonate, divided into ten powders; one powder is blown into the throat twice daily. He claims, after a very logical and critical examination of his results, embracing the treatment of ninety-two cases, as compared with those of other authorities, that his method corresponds to an ideal one in the following particulars: First—A positive effect is produced on the duration of the disease. Second—A positive effect is produced upon both the number and intensity of the paroxysms. Third—Complications and sequelæ are diminished. Fourth—Mortality is very much reduced. Fifth—Its prophylactic action must as yet be considered doubtful, yet the treatment requires more thorough testing.—*Chicago Med. Rev.*, March 1.

## CATARRHAL CONDITIONS.—INSUFFLATION OF MEDICATED POWDERS.

According to Dr. D. H. Goodwillie, New York, the following powders have been found most useful:

No. 1.—℞. Benzoini, 3 i; morphine muriat, gr. vi; bismuthi sub-nitrat., potassii nitrat.,  $\mathfrak{ss}$   $\frac{3}{4}$  ss.

Valuable for its sedative action. To be used in hyperæmic conditions with pain. In the beginning of an attack of rhinitis coat the mucus surface with it.

No. 2.—℞. Aluminis, 3 i; acaciæ, bismuthi sub-nitrat., potassii nitrat.,  $\mathfrak{ss}$  3 iv.

Useful where a strong astringent is indicated.

In case of hemorrhage from the nose, remove all the clot and immediately blow in this powder abundantly until the bleeding ceases.

No. 3.—℞. Iodoformi, camphoræ,  $\mathfrak{ss}$  3 i; bismuthi sub-nitrat., potassii nitrat.,  $\mathfrak{ss}$   $\frac{3}{4}$  iss.

A good antiseptic.

To be used where the discharges are fetid, or where ulceration is present, or an excessive amount of granulations.

The camphor masks the odor of the iodoform.

These powders when impalpable and with the therapeutic integrity of the drugs preserved can be more effectually applied to the nasal passages than spray, and their good effect is certainly more prolonged.

For the general practitioner they are vastly more convenient than sprays.—*Arch. Med.*, April.

## DISEASES OF THE ORGANS OF CIRCULATION.

## REST IN CARDIAC INFLAMMATION.

We strap a thorax in pleurisy (says Dr. Fothergill, of London,) when a broken rib is rubbing the pleura into inflammation; or when a tubercle protrudes from the lung and produces the same result. But in the treatment of endocarditis this has been utterly forgotten. Yet, when an inflammatory storm is passing over the valve-curtains of the heart, lighting up a growth of connective tissue corpuscles in the fibrous structures beneath, we forget the lessons of pathology. The greater the strain upon the valve-curtains, the greater will be the growth of these corpuscles, whose ultimate contraction will distort and mutilate the valves. Keep the patient flat on the back for days after the active symptoms have passed away; what is a week in bed to a crippled existence with a leaking or stenosed mitral valve? Calm the circulation, and the nervous irritability and desire to be getting up, with chloral, if necessary. To use measures to give tone to the circulation, to throw more strain on those valve-curtains by getting the patients up, is unreasoning mischievous energy. It is enough to make one despair of the reasoning powers of the species to think of the treatment of rheumatic fever with endocardial complications, after the acute symptoms are over.—*St. Louis Cour. Med., April.*

## MITRAL AFFECTIONS.—DUJARDIN BEAUMETZ'S TREATMENT.

In the second stage of mitral affections, when the tonic force of the heart muscle needs reinforcement to compensate for the disturbances resulting from mitral narrowing and aortic insufficiency, the two principal heart tonics are digitalis and bromide of potassium. Let  $7\frac{1}{2}$  grains of powdered digitalis leaves be macerated in  $\frac{3}{4}$  iv cold water for six to twelve hours, and let this be filtered and taken during the first day; the next day let 6 grains be so administered; the third day  $4\frac{1}{2}$  grains; the fourth day 3 grains; the fifth and sixth days  $1\frac{1}{2}$  grains, in order to avoid exciting intolerance of the drug. During the next six days discontinue the digitalis and order 15 to 30 grains of bromide of potassium daily, dissolved in a glass of milk. Stop one day, then recommence treatment, giving alternately the digitalis and the bromide, omitting, however, for one day, when the change is made from one to the other. Digitalis should be interdicted as soon as granulo-fatty degeneration of the heart muscle occur.—*L'Union Med.—Md. Med. Jour., March 1.*

## ENDOCARDITIS COMPLICATING DIABETES.

In a note presented to the Paris Académie des Sciences at its session of March 6, 1882, Dr. Lecorché called attention to the comparatively frequent occurrence of endocarditis as a complication of diabetes mellitus. He believes it to be occasioned by the irritation exerted upon the endocardium by blood charged with sugar. In eight cases out of fourteen observed by Dr. Lecorché the patients were women. Endocarditis appears late in the course of diabetes, usually two or three years after the initial symptoms. It hastens the progress of the disease by inducing anasarca and asthenia. The valves usually attacked are the mitral. The aortic semi-lunar valves were affected in only one of Dr. L.'s cases. Atheroma of the arteries was observed in two cases. The symptoms are those of endocarditis, superadded to those referable to the original disease.—*Gazette des Hôpitaux.—Med. Record, May 13.*

## CARDIAC DYSPNŒA.

M. SÉE recommends, for the relief of the constant dyspnœa present in certain affections of the heart, the following potion:

R. Potass. iodid., gr. xv to 3 ss; chloral. hydrat., 3 ss to 3 j; syr. acaciæ, ℥iv. M. To be taken in tablespoonful doses every two hours.

The choral may be replaced by 1 to 2 grains of extract of opium. When dyspnœa is not constant, iodide of potash is useful against the attacks, and inhalations of the iodide of ethyl, which succeed in asthma, may be tried.—*Med. and Surg. Rep.*, April 22.

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## GLONOINE IN CARDIAC DISEASE.

Dr. W. E. GREEN (*Practitioner*), claims that glonoine ranks second only to digitalis in the treatment of cardiac disease. He generally gives it in minim doses of a one per cent. alcoholic solution. It is especially indicated in angina pectoris and weak dilated and fatty heart. In the latter it gives relief by reducing arterial tension and thus lessening the amount of work the heart has to do. The drug may at times be advantageously combined with digitalis. It produces a sense of fullness in the head and a general feeling of warmth.—*Chicago Med. Rev.*, April 15.

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## LATENT MITRAL STENOSIS.

M. FABRE, of Marseilles, calls attention to the frequent occurrence among girls of mitral stenosis, which remains latent until the attention is called to the heart by a chorea, a rheumatism, or even an embolus. We set the functional troubles, palpitations, to the account of anemia, of a nervous state; and misunderstand the true nature of it. It is of great interest, however, to recognize the cardiac affection early, in order to keep off, as far as possible, astyolic troubles by a well ordered hygiene, and especially to avoid favoring them by marriage, pregnancy having a most disastrous effect upon disease of the heart. Two principal signs will point to the correct diagnosis from the beginning, viz.: habitual frequency of the pulse without elevation of the temperature, and auscultation in the axilla. At the beginning, in fact, the classical signs are lacking at the apex; but toward the axilla, immediately behind the breast, it will be observed that the first sound is duller, more prolonged, than in the normal state; the second sound, on the contrary, is sharper; the silence has a diminished duration.—*Gazette des Hôp.*—*St. Louis Cour. Med.*, April.

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## CITRATE OF CAFFEIN IN CARDIAC DROPSY.

Dr. MILLIKEN (*Medical Times*) has, following the example of Dr. Brakenridge (*Edinburgh Medical Journal*), had very good results from caffein citrate in cardiac dropsy. In renal dropsy he, like Dr. Brakenridge, has found it of no effect. Dr. Brakenridge claimed that where the renal epithelium was diseased, the drug was strongly contra-indicated. Dr. Milliken gives the caffein in three grain doses four times a day. The alkaloid has not been hitherto administered hypodermically, on account of its relative insolubility. Tanret (*Revue Medicale*), having observed that in presence of cinnamate, benzoate, or salicylate of soda, caffein dissolves easily, has thus obtained double salts very rich in caffein. These salts do not have irritant properties. To administer them hypodermically the required quantity of caffein should be mixed with benzoate or salicylate of soda sufficient to dissolve it.—*Chicago Med. Rev.*, March 15.

## FUNCTIONAL DISTURBANCE OF THE HEART.

In functional disturbance of the heart, due to *dyspepsia*, Hugo Engel, M. D., recommends the following treatment. The application of an emplastrum belladonnæ over the region of the heart to remove pain, a diet of milk and toasted white bread, and give of the following mixture a dessertspoonful, in half a tumblerful of water, three times daily, one hour before each meal:

R. Sodii bicarbonatis, 2 3; tincturæ nucis vomicæ, 2 3; tincturæ gentian. comp., 2 3; tincturæ rhei simplic., 2 3. M. Sig. Shake well.—*Peoria Med. Mo.*, April.

## SYPHILIS OF THE HEART.

MAYER states that the symptoms of syphilitic affection of the heart are like those of the weakened heart of Stokes, or of chronic diffuse myocarditis. He describes the case of a patient who exhibited the symptoms of cardiac insufficiency without evident valvular diseases. He had had the syphilis eight or nine years before, periostitis was present in the leg, and the mouth was also affected. Treatment by mercurial inunction and iodide of potassium effected a complete cure.—*Praktische Arzt.*, No. 4.—*Cin. Lancet and Clin.*, March 4.

## CARDIAC DISEASE WITH IRRITABILITY OF THE STOMACH.

R. Tinct. digitalis, 31-2; tinct. card. co., 36; acid. hydrocyan. dil., min. 20; aquæ camphoræ, ad. 3 8. M. Sig. One-sixth part three times a day.—*Med. Gaz.*, April 29.

## PULSATIONS OF THE LIVER.

Dr. GRUMMOND (*Dublin Journal of Medical Sciences*) claims that pulsations of the liver are of much diagnostic value in tricuspid regurgitation, or heart murmurs. The phenomena is due to the regurgitation of blood through the vena cava inferior into the hepatic venous branches. The cardiac impulse against the liver is not without influence in producing pulsation.—*Chicago Med. Rev.*

## CURIOUS CASE OF VENOUS DILATATION.

LINDNER (*Obl. f. Chir.*, No. 45, 1881; from *Deutsche Zeitschr. f. Chir.*) gives the case of a man 42 years of age, of a family in which many members had died of apoplexy, and who during the previous two or three months had suffered from a somewhat swollen face, rush of blood to the head, ringing in the right ear, giddiness on stooping, and severe burning in the face. Some days after the first examination, marked cyanosis of the face was observed, particularly on the right side. The veins of the chest were also markedly enlarged and swollen; on the anterior border of the axilla was a convoluted mass of varicose veins; in the right supraclavicular fossa was a tumor the size of a hen's egg, from the upper border of which proceeded the enlarged jugular vein. Pressure upon this non-pulsatile tumor caused it to disappear, the patient experiencing at the same time a marked rushing sound in the ear. The tumor, which could be pushed deep down into the chest, rose again on the removal of pressure. On the left side a similar tumor could be perceived, about one-half the size of that just described.

Examination of the heart showed nothing abnormal, and the various other organs seemed to work well. Daily subcutaneous injections of ergot caused the tumors to rapidly disappear. They became flatter and harder, while the subjective symptoms disappeared at the same time. Since a central hindrance to circulation could be excluded, Lindner is inclined to regard the affection

is a chronic phlebitis localizing itself in the neighborhood of the valves. The venous walls were so altered thereby that they gave way to the moderate pressure caused by the slight obstruction in the affected valves.—*Med. Times.*

### HEMORRHAGE.

Wm. R. SMITH, Sr., M. D., Cairo, Ill., recommends the following: for hemorrhage from either the stomach or bowels:

R. Acidi gallici., 23; bismuth subnit.,  $\frac{1}{3}$ ; tinct. cinnamomi,  $\frac{1}{3}$ ; ext. ergotæ fl. (Squibb's)  $\frac{1}{3}$ ; syr. aurantii, 2 $\frac{1}{3}$ ; creasoti, 8 drops. M. Sig. Teaspoonful every two or three hours.

And for hemorrhage from the lungs, bladder, or womb, try:

R. Acidi tannici, 13; acidi sul. Aro.,  $\frac{1}{3}$ ; ext. ergotæ fl. (Squibb's)  $\frac{1}{3}$ . M. Sig. Thirty drops in a wineglassful of lemonade or water; repeat the dose in half hour, or hour; then give every two hours until checked.—*Med. Brief, April.*

### EPISTAXIS FROM EROSION.

Dr. GEO. M. LEFFERTS, Professor of Laryngoscopy and diseases of the throat in the College of Physicians and Surgeons of New York, in a recent paper on this subject in the *Medical News*, affirms that frequently recurring attacks of epistaxis, especially in children, are in the vast majority of cases due to a small erosion of the mucous membrane of the cartilaginous septum, just above the point of the former's junction with the skin. This is due to the violent removal of a little inspissated mucus which has lodged at that point, and is kept up by frequent repetition of the process. To effect a cure the habit of picking must be avoided and the erosion kept constantly covered by a layer of vaseline or otherwise treated according to special indications on general principles.—*Can. Jour. Med. Sc., March.*

### ANÆMIA DEPENDENT ON A SYPHILITIC TAIN.

R. Tr. ferri perchlorid, 31; potassæ chlorat., grs. 120; liq. arsenicalis, min. 15; aquæ, ad. 38. M. Sig. One-sixth part three or four times a day in a wineglassful of water.—*Palmer. Med. Gazette.*

### SALINE ARTERIAL INJECTIONS IN COLLAPSE.

It has long been known that exsanguinated animals can often be revived by intra-arterial injections of saline solutions. This fact has, however, until recently, not received a practical application in therapeutics. Dr. J. J. Bischoff has been, perhaps, the first (*Centralblatt für Gynakologie, Chicago Medical Rev.*) to endeavor to resuscitate a patient in collapse resulting from post partum hemorrhage, by this means. After the child's birth a considerable quantity of blood was lost by the patient, which loss was still further increased by the delivery of the placenta. The hemorrhage ceased, but the patient collapsed despite the use of stimulants. An aqueous solution of common salt (six parts to the thousand) rendered slightly alkaline by a little lye, was injected into the radial artery. The patient exhibited none of the oppressive symptoms common to transfusion operations, but rallied rapidly and fully recovered. The reason assigned by Dr. Bischoff for choosing an artery in lieu of a vein is that in great anæmia the superficial veins are with difficulty found. The procedure would seem capable of further extension. Venous injections of warm water in cholera have at times been attended with remarkable, though temporary, results. The saline injections would seem likely to have similar results of a much more permanent character.—*Pittsburgh Med. Jour., May.*



### THE BLOOD WORM.

The members of the London Pathological Society a few days since enjoyed the rare opportunity of seeing the *filaria sanguinis hominis* in the living state from a patient in the London hospital, suffering from hemato chyluria, under the care of Dr. Stephen Mackenzie. Briefly, the facts known about the blood-worm and their bearing on the pathology of obscure lymphatic disease are as follows: The parasite presents an example of the alternation of generations, requiring two hosts for its complete development. The minute, almost structureless worms found in the blood of the human subject in such vast numbers are the embryonic forms of the filaria, which requires the musquito in which to develop into the sexually-mature worm. The musquito, feeding on the blood at night, when the filaria are generally alone to be found, becomes gorged with them. Their growth in the musquito has been traced by Lewis and Manson, and it is presumed that they are only liberated from the body of their host by its death in the water, to which it always finally resorts. The hematoid is thus set free, and probably undergoes further development; for the mature worm measures some three inches in length. Its passage into the human body is easily explained, and the analogy in this respect with the guinea-worm is one which Dr. Vandyke Carter ably illustrated. Once within the human body, the worm lodges in the tissues; but as to its migrations, and, indeed, its ultimate resting-place, but little is known. It seems, however, to have a peculiar aptitude for selecting the lymph-channels for its habitat—a selective power not more remarkable than that which urges the trichina to select the muscular tissues. This is further borne out by the fact that its embryos—the *filaria sanguinis hominis*—are met with in the blood and urine of the subjects of chyluria and nevoid (or lymphatic) elephantiasis. The precise mechanism of chyluria still requires to be explained, and until it is elucidated an important part of the subject will remain obscure.—*Amer. Pract.*

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### PHLEGMASIA DOLENS, THROMBOSIS, ETC., WHERE THE FIBRIN OF THE BLOOD IS IN EXCESS.

R. Liq. ammon. acetat., 32-4; ammon. chloridi, grs. 15; infus. dulcamaræ, ʒ2. M. Make a draught to be taken every four hours.—*Med. Gaz. Mar. 4.*

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### DISEASES OF THE ORGANS OF DIGESTION.

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#### SALIVARY COLIC—EXPULSION OF TWO SALIVARY CALCULI.

Dr. R. ST. PHILLIPPE reports in the *Journal de Médecin de Bordeaux*, the case of a man who was believed to have had an abscess of one of the salivary glands. There was great pain in the maxillary, cervical, and temporal regions of the left side, with diffuse swelling under the jaw and on the floor of the buccal cavity. At the same time the masseter muscles were in a condition of contraction, preventing complete opening of the mouth. Digital exploration revealed the existence of a pocket on the left side of the frænum in the course of Wharton's duct. Incision of this tumor was only followed by the escape of blood and saliva, but it produced considerable relief. Several hours afterward the patient drew from his mouth two salivary calculi, about the size of a bean and a pea. All the symptoms then disappeared, and exploration of the duct by means of a probe passed through the wound showed that no other calculus was present.—*L'Union Médicale.*—*Dental Cosmos, March.*

## TONSILLITIS—ATOMIZING.

T. P. JONES, M.D., has found the following of service:

R. Fl. ext. ergot, gtt. xl; acid carbolic, gtt. i; aquæ,  $\frac{3}{4}$  iss. M. (Shake.)  
Sig. For throat atomizer, spray every half hour.

If the tonsils are much swollen, a feeling as if something was pulling upon them, is produced. This disagreeable feeling subsided after two or three times spraying.—*Therap. Gaz., March.*

## ERGOTINE IN PHARYNGITIS.

The *Revue Mensuelle de Laryngologie*, indicates a therapeutic method which may give good results in cases of chronic pharyngitis, complicated by exaggerated enlargement of the pharyngeal veins, and muco-purulent secretions. It advises the use of—

R. Ergotine, gr. xv; tincture of iodine, 3 j; glycerine f, 3 viiss. M.  
To be liberally applied, twice a day, on the pharynx, by means of a brush.  
—*Med. and Surg. Rep.*

## GASTRODYNIA.

R. Potass. bicarb., gr. 120; spts. ammon. aromat., 38; tinct. aconiti,  $\mathfrak{m}$  30; infus. lupuli, ad.,  $\frac{3}{8}$  8. M. Sig. One-sixth part three times a day.  
—*Med. Gaz., March 11.*

## GASTRIC ULCER—NUTRIENT SUPPOSITORIES.

Dr. H. E. SPENCER thus writes in the *Practitioner*: Artificially digested meat is mixed with a little wax and starch, and made into a suppository. These suppositories are of such a size that the digested and extracted product of twenty ounces of meat from which the insoluble matter is removed is contained in about five suppositories. It is easy for most patients to introduce them themselves; and their use is attended with no discomfort whatever, in the majority of cases. After an hour or two, the waxy basis is frequently returned, the peptone and extractive being absorbed. In some few cases, owing to irritability of the rectum, the whole suppository has returned; but this can be obviated by the addition of a little opium. He has had excellent results from their use in cases of gastric ulcer, stopping all food by the mouth for a fortnight or so, and ordering the patients to insert a suppository every four hours. Great relief was obtained by the same means, in a case of cirrhosis of the liver, where gastric irritation was a prominent symptom. The life of an old lady dying from gastric carcinoma was prolonged for several weeks. An immediate improvement took place as regarded the pain, sickness and prostration, and the patient was enabled to sit up and make her will. It is true that the amount of food administrable in this way is very small, but every practitioner who has had cases of obstinate vomiting under his care knows how minute a quantity of nutriment will "keep body and soul together" for several weeks or months.—*Med. and Surg. Rep., March 25.*

## DYSPEPSIA.

Where an alkaline drink is indicated the following will be found agreeable:—

R. Bismuthi carbonat, magnesiæ carbonat,  $\mathfrak{ss}$  grs. 10. Make a powder to be taken in half a bottle of soda water three times a day. Or:—

R. Bismuthi subnitrat, grs. 15; sodæ bicarbonat, grs. 22; pulv. tragacanthæ co, grs. 60. Make a powder to be taken twice or thrice in twenty-four hours in a wineglassful of brandy and water.

In pyrosis and gastrodynia:—

R. Liq. bismuthi et ammon. citrate, 3 i; infus. quassia, 3 i. Make a draught to be taken three times a day. One drachm of the solution of bismuth is equal to twenty grains of powder.—*Western Med. Rep., March.*

### HICCOUGH.

R. Potas. bromidii, 3 j; tr. sumbul, 3 ss; tr. hyosciami, 3 j; aquæ camphoræ, 3 j—3 vj. M. Sig. Tablespoonful every two hours in hiccough.—*Dr. Park—Le Medicin Practicien.—New Eng. Med. Mo., March.*

### OPPRESSION FROM FLATULENCE.

R. Magnesiae carbonat, grs. 80; ext. opii liquidi, min. 80; spts. ætheris, 3 3; aquæ menth. viridis, ad 3 6. Mix. One fourth part when indicated.—*Med. Gaz., March 18.*

### TONIC WHERE THERE IS NAUSEA AND DYSPEPSIA.

R. Ferri et ammon. citrat., gr. 60; spts. ammon. aromat, 3 4; potassæ bicarbonat, grs. 120; infus. calumbæ, ad 3 8. M. Sig. One-sixth part twice a day with one tablespoonful of lemon juice.—*Med. Gazette.*

### STOMACHIC TONICS.

R. Acid. muriat dil, 3 v; tinct. nuc. vomic, 3 ss; infus. gentian co. ad 3 iv. M. Sig. Teaspoonful in water after meals. Or,

R. Pepsini, 3 iij; glycerini puri, 3 j; acid. muriat. dil, 3 iss; aquæ, 3 v. M. Sig. Tablespoonful in water every three or four hours.—*Med. Gazette.*

### DISORDERS OF NUTRITION IN CHRONIC LEAD POISONING.

The various changes which lead poisoning causes have been the subject of close study. The colic, paralysis, the symptoms referable to the brain and circulation. The secretions even have been examined for lead and it has been found in the sweat and the urine. One subject, however, has not received the attention which it deserves, that is the disorders of nutrition present in saturnine intoxication. M. Gaucher has recently made a number of observations on this subject and has come to the following conclusions, which are published in the *Revue de Medicine*, No. 11, 1881:

1st. In cases of lead poisoning nutrition is lowered, metamorphosis of tissue is diminished, the specific gravity of the urine is less than normal, the excretion of urea, of the chlorides and of the phosphates being diminished.

2d. During the acute period of the poisoning there is great destruction of the red blood corpuscles. The result of this destruction is the saturnine icterus (a hæmatogenic jaundice), and the presence of blood pigment in the urine.

The anæmia observed in these cases must be looked upon as due to the above mentioned changes in the blood.

3d. In the beginning the urine is small in quantity and of a deep color; later, however, it becomes of a light color and very abundant. This polyuria seems to be of nervous origin.

4th. There is often observed in cases of lead poisoning a transitory albuminuria which seems to be due to the lack of nutrition in the tissues, while the albumen found in the urine of nephritic patients is derived from the blood plasma. (Ch. Bouchard).

5th. The elimination from the organism of substances taken as medicine is slow and often intermittent and irregular.—*Lyon Médical*.—*Cin. Lancet and Clinic*.

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#### LEAD COLIC.—ALUM.

Dr. GEO. C. PITZER says:—This is an excellent remedy in lead colic. *R.* Alum, 3ij; dilute phosphoric acid, 3j; syr. aurant, flor. water, ss 3ij. *M.* S. One tablespoonful every hour. This will frequently relieve the nausea, relax the spasm, and open the bowels when other drugs fail to afford any relief.—*Amer. Med. Jour.*, May.

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#### COPPER COLIC.

*R.* Magnesiæ sulphat, ʒ 2; acid. sulph. aromatici, min. 90; tinct. hyoscyami, ʒ 6; infus. quassiae, ad ʒ 8. *M.* Sig. One sixth part three times a day.—*Med. Gaz.*, March 25.

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#### LEAD COLIC.—HEAT AND COLD EXTERNALLY.

Dr. GENEUIL, in a note to the *Bulletin de Thérapeutique*, after alluding to the various means adopted for the relief of the terrible pains of lead colic, as rubefaction by synapisms, chloroform, electricity, and hypodermic injections of morphia, relates a case to which he was called in the country, where none of these means were at hand, and in which he succeeded in giving complete and permanent relief by a very simple procedure. Having directed a napkin to be heated at the fire, he first applied a towel wetted with almost ice-cold water to the whole surface of the abdomen, while the patient was shrieking with pain, and having retained it there for four or five seconds, rapidly replaced it by the almost burning napkin. The effect was like enchantment, the pain instantly disappearing and sleep following, without any return of suffering. The cause of the colic was at first obscure, but was found to depend upon the patient, who was an inveterate smoker, and had very often in the day to relight his pipe, which he did by means of matches colored with chromate of lead.—*Med. Record*, March 6.

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#### PASSIVE HÆMATEMESIS.

*R.* Mucilag. acaciæ, ʒ 4; sodæ bicarbonatis, grs. 10; olei terebinthinæ, min. 10; olei anethi, min. 1; aquæ destillatæ, ad ʒ 12. Make a draught to be taken thrice daily.—*Med. Gaz.*, March 25.

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#### TREATMENT OF SPLENITIS BY ERGOT.

The value of ergot in ague-cake is generally known, but it is less well established in enlarged spleen from other causes. Dr. W. E. Emanuel, of St. Louis, reports to the *St. Louis Courier of Medicine* the following instance in which no malarial history could be obtained. Mr. F., 43 years of age, had been subject to spasmodic urethral stricture, and probably some vesical catarrh, for more than a year. Two weeks before coming under observation the spleen commenced to enlarge, and was found at the time of examination to cover "nearly the entire abdominal cavity, and extended as far as the

border of the liver." It was firm, very hard and painful. The urine contained an excess of urates and phosphates, and formed a solid coagulum with nitric acid and heat. The patient, from robust health, had fallen away in weight and strength, and apparently it was a mere question of time how soon he would succumb. Thirty-minim doses of Squibb's fluid extract of ergot, thrice daily, gradually increased to sixty, soon produced marked results. In three days the spleen had lost a good deal of its hardness, and was flabby to the touch, though not noticeably reduced in size. In one week there was perceptible diminution, and from that time, day by day, there was marked dwindling, until it almost entirely returned to its normal position. With this reduction of the spleen, the kidneys became decidedly better, the albumen almost entirely ceased, and with buchu, uva ursi, and copaiba, taken as the spleen improved, the urine cleared up, and, at the time of report, convalescence seemed secured and health and strength were almost restored.—*Med. Times*, April 8.

### ABSCESS OF THE PANCREAS.

Dr. JOHN SHEA reports a case of this rare disease, in the *London Lancet*. The patient, a woman, aged 29 and married, commenced (fifteen months previous to her admission to the hospital) to suffer from pain in the region of the liver, increasing gradually in severity and shooting in character. Appetite poor; urine normal; bowels regular and fæces dark. On admission, great tenderness over gall bladder, and jaundice; lungs and heart normal. Under alkaline treatment, with pills of enonymus and henbane, she recovered rapidly, so that in a week she was able to go out. At the end of another week she was quite well, but very weak. In a few days, however, pain over the gall bladder returned, with nausea and vomiting of dark bilious matter, and jaundice. Sinapisms and effervescing medicine were resorted to. Bowels were moved freely, but she continued to grow worse, and lapsed into unconsciousness. All medication proved fruitless, and she soon died. At the autopsy the liver was found large, pale and soft. Pancreas enlarged and hard, being the seat of an abscess, containing pus. A round worm, seven inches long, was found folded upon itself, lying in and obstructing the pancreatic duct, the larger portion of the worm being in the duodenum. Heart somewhat large and fatty. All other organs fairly normal. This case is interesting, particularly in directing our attention to this organ as the seat of some of those obscure cases of disease for which we find it so difficult to assign a cause. Unfortunately, the diagnostic points of disease of this organ are far from accurate, so that in the majority of cases a post-mortem is the only means of making a positive diagnosis. At the same time it is a fortunate thing that affections of this organ are extremely rare.—*Med. and Surg. Rep.*, March 4.

### ASPIRATION OF THE BOWELS IN PERITONITIS.

A successful instance of this measure is reported by Dr. D. M. Williams, in the *Dublin Journal of Medical Science*. The patient was a boy of thirteen. We quote the most interesting part of the history:—

His condition was now alarming; the pulse was, for the first time, irregular and compressible—144 to the minute; breathing very shallow; eyes sunken; cheeks hollow; tongue dry; constantly moaning with pain—evidently dying. He placed his hand on the epigastrium, and said the pain was smothering him, no doubt from pressure upward of the diaphragm interfering with the action of the heart and lungs. The abdomen was arched from the xiphoid appendix to pubes, the least attempt at percussion causing great agony. Had not passed water since the 7th. I determined to aspirate him, and passed the finest needle into the transverse colon, and on turning the tap a great quantity of flatus rushed through, followed by three ounces of fluid fæces, which gave him great relief, but did not perceptibly diminish the size of the abdomen. Fearing the needle was blocked, I withdrew it, and found such

was not the case. I had evidently emptied this portion of the colon. Having washed the needle, I pierced the ascending colon; another rush of flatus took place, followed by eight ounces of fæces. I repeated the operation on the descending colon, with the same results. There was now very decided diminution of distention and relief of pain: still he complained bitterly of a spot just below the navel, which was quite tympanitic. Taking care to avoid the bladder, I pierced probably the ileum; more flatus escaped, with about half an ounce of fluid fæces. He was now much relieved; pulse had fallen to 96; breathed deeper. 10 P.M. Much the same as after tapping; expression of face less haggard; pulse 120, full and soft; temperature 102°; passed water freely, and without pain, an hour after tapping. To take pulv. Doveri, gr. 10, h. a. From this time his progress toward recovery was steady.—*Indpt Pract., March.*

#### PERITONITIS.—TURPENTINE COMPRESSES AS A REVULSIVE.

M. VIDAL, in a communication to the Therapeutical Society of Paris, recommended the use of compresses of flannel, wetted with turpentine and covered with oiled silk. If the compress remain *in situ* for more than half an hour, vesication is generally obtained. The intensity of the revulsion may, however, be diminished by not putting on any impermeable covering, such as oiled silk, and allowing the turpentine to evaporate freely. M. Vidal attributes the remarkable success which he has obtained in cases of peritonitis not of a puerperal character, not only to the energetic revulsionary character, but to the absorption of the turpentine by the skin; the pulse rises, the general state and feces rapidly improve, and cure is abundant in cases which seem desperate. He has also obtained excellent effects in the bronchopneumonia of infants.—*London Med. Record.*—*Louv. Med. News, March 11.*

#### BENZOATES IN DYSENTERY.

Dr. HARRIS (*Indian Medical Gazette*), claims that fifteen grain doses of ammonia or soda benzoate taken four times a day are of great value in the treatment of acute or sub-acute dysentery. The benzoates, especially the ammonia salt, produce an active secretion of bile and rapid cessation of the acute symptoms. The benzoates are readily tolerated by the majority of patients, and the stools become rapidly fecal.—*Chicago Med. Rev., April 15.*

#### INJECTION FOR DYSENTERY.

Subnitrate of bismuth, powdered gum arabic of each 3ss, warm water ʒij. Inject one to three times a day in chronic and subacute dysentery. Tinct. opium may be added, and also of ipecac when not well borne by the mouth. In every case an injection of warm water should precede in order to remove the intestinal mucus.—*Union Med.*—*Med. Med. Jour., March 1.*

#### DYSENTERY.—INJECTIONS OF HOT WATER.

Dr. JOHN G. EARISH gives in the *College and Clinical Record* the history of three cases of dysentery, in all of which copious injections of hot water resulted in almost instantaneous amelioration of all the distressing symptoms and a speedy cure.—*New Eng. Med. Mo., March.*

#### FETID DIARRHŒA.

Dr. RABUTEAU has experimented with sulpho-phinate and sulpho-crepylate of soda, and has obtained good purgative effects from both—doses of 20 to 26 grammes (3v to vi) will induce seven or eight stools a day. These salts are eliminated without much change, and their use is advocated in fetid diarrhœa.—*Concours Med.*—*Cin. Lancet and Clinic, March 11.*

## DIARRHŒA PILLS.

Prof. WM. THOMSON, of the University of the City of New York, recommends the following as a remedy for diarrhœa:

R. Plumbi acetatis, gr. xvi., 1.06 gm.; pulv. camphoræ, gr. xij., 0.72 gm.; pulv. opii, gr. iij., 0.18 gm.; bismuth. subcarb., gr. xij., 0.72 gm.; ext. gentian, q. s. Make into 12 pills. Dose, one pill every hour to three hours, according to severity of disease.—*New Remedies, May*.

## BLACKBERRY EXTRACT IN DIARRHEA.

Dr. B. F. HUMPHREYS (*Medical Brief*) recommends the following in diarrhœa and dysentery:

R. Ext. rubi fluid, 3 iij; syrup, rhei aromat., 3 j; ext. hamamelis fluid, 3 iij; tinct. opii, 3 ij. M. A teaspoonful every two, three, or four hours. A child should be given five drops for every year of its age. Blackberry is an old and popular remedy in intestinal disorders. The above is an agreeable method of administering it.—*Louv. Med. News, April 15*.

## PILLS FOR CONSTIPATION.

R. Quinise sulphatis, gr. xv; piperinæ, hydrarg., submuriat, 53 gr. xii; extracti nucis vomic, gr. iv; ft. S. A. in pill no. xxx. M. S. One pill morning and evening.—*N. O. Med. and Surg. Jour., May*.

## TAPE-WORM.—SALICYLIC ACID.

Salicylic acid in full doses, followed by ol. ricin, com., is said to expel tape-worm when all other remedies fail.—*Louv. Med. News, April 8*.

## ANTHELMINTIC.

Muriate of ammonia in five grain doses is said to be efficacious as an anthelmintic.—*New Eng. Med. Mo.*

## DISEASES OF THE URINARY ORGANS.

## WHAT IS "BRIGHT'S DISEASE?"

Under this head the London *Medical Times and Gazette* makes the following pertinent remarks: It is, we believe, currently reported and generally believed that an old fogey of the name of Bright, who was connected with Guy's Hospital some years ago, asserted that he had seen a number of patients, all having dropsy, with albumen in their urine, while after death their kidneys were found to be diseased. The symptoms and conditions he grouped together, and to them certain individuals still more silly than himself gave the name of "Bright's disease." But it is evident that this Dr. Bright had no gift of imagination, for he actually worked long and hard before he came to the trifling conclusions above referred to; beyond all, he could never invent his facts, nor had he the gift of twisting them about so as to prove anything. In short, he was what Americans would call a "very

or'nary cuss" after all. But see what has been done since his day! Why, his disease, though it is by the weak-minded still supposed to kill a large proportion of our fellow-mortals, has actually been improved off the face of the earth! First, it was found that the same condition of kidney would sometimes give rise to dropsy, and sometimes not; especially this was noted—that in the same individual dropsy might exist at one time, and not at another; so the dropsy was dropped as one of the necessary symptoms. Then it was found that albumen was not always plentiful in the urine; yea, that it was sometimes absent altogether; so the albuminuria has been got rid of as an essential feature in Bright's disease. Only one thing more remained, and that was the kidney disease, which has now apparently gone the way of all the rest; so that we now have the pleasure of contemplating a disease which no longer possesses any one of the characters by which it was originally distinguished. These are great achievements, doubtless; but destruction comes naturally to mankind. Look at the new theories constructed! Some of the wicked ones, we fear, would, with regard to these, say that the zeal which comes not of knowledge might be better employed even coining words than in building hypothesis on hypothesis—a kind of tower which has little chance of reaching to the heavens, or, indeed, attaining to any greater height than other fungoid growths similar to itself.—*Med. and Surg. Reporter.*

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#### GASTRIC LESIONS IN BRIGHT'S DISEASE.

The gastric symptoms, such as nausea and vomiting, which so frequently occur in cases of Bright's disease, have often been attributed to retention within the system of certain constituents of the urine, which act either by inducing some chemical alteration of the gastric secretion, or perhaps by exciting, in some not clearly understood way, a change in the physiological movements of the stomach. Little, if any, attention has been devoted to the study of the anatomical conditions underlying these symptoms. See assumes that the continued secretion of urea by the gastric mucous membranes gives rise at first to functional disturbances only, but finally, ulcerating lesions may develop. Hlava and Thomayer examined the stomach, post-mortem, in many cases of Bright's disease. Their conclusions are thus stated: 1. True interstitial gastritis not infrequently develops during the course of acute and chronic nephritis. 2. It cannot be demonstrated that this pathological condition is caused by uræmia, nor that it is directly dependent upon the presence of the renal affection. It is possible that both gastric and the renal disease arise from the same exciting causes, but this is also as yet a mere assumption. 3. In numerous instances where no dyspeptic symptoms were present during life, the gastric mucous membrane was found healthy. It is therefore probable, they think, that many of the cases of dyspepsia which do occur during the course of nephritis, are dependent upon an interstitial gastritis.—*Allgemeine Med. Central-Zeit.*—*Med. Record*, April 15.

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#### ADDISON'S DISEASE.

At the meeting of the Pathological Society of Dublin (Dr. William Stokes, president, in the chair), Dr. Kendal Franks showed the kidneys and supra-renal capsules of a girl, aged fourteen, who died of Addison's disease. She first complained of illness two months before her death, which occurred suddenly while she was in a state of profound asthenia. The body was well nourished and plump. The skin was uniformly darkened to a coppery hue, the most deeply pigmented parts being the sides of the neck, the face, the backs of the hands, and the knees. The apices of both lungs presented patches of caseous pneumonia. The supra-renal bodies were much enlarged and quite hard, notably the left; they contained large masses of caseation, and the microscopical appearances of smaller nodules were those of tubercle,



viz.: central giant-cells with many nuclei and ramifying processes, a zone of epithelioid cells, and a peripheral arrangement of limphoid corpuscles.—*Med. Times and Gaz.*—*Louv. Med. News*, April 29.

### BENZOATE OF CALCIUM IN ALBUMINURIA.

Dr. SHINN (*Philadelphia Medical Times*) claims that the use of calcium benzoate is attended by very good results in albuminuria of pregnancy or other forms of albuminuria from non toxic causes. He gives ten grains of the salt dissolved in a tablespoonful of water with sufficient orange syrup to flavor it.—*Chicago Med. Rev.*, April 1.

### ALBUMINURIA AND PHTHISIS.

Dr. C. T. WILLIAMS (*British Med. Journal*, March 18, 1882,) claims that albuminuria and phthisis often coexist. Renal disease masks the symptoms of phthisis, especially affecting the temperature. Dr. Williams ignores the fact that diminished blood pressure produces albuminuria, and that such diminished blood pressure might result from the febrile condition of phthisis, the temperature falling with the appearance of the albuminuria. That there should be renal disease to produce such effect, is not certainly shown; the renal condition might or might not ultimately become more than bi-chemical. Dr. J. E. Pollock, in the discussion of Dr. Williams' paper, gave a possible explanation when he said that albuminuria had very likely only a coincidental relation with the fall of temperature.—*Chicago Med. Rev.*, April 15.

### DIABETES AND SURGICAL OPERATIONS.

At the Académie de Médecine, M. Verneuil made a communication having practical bearing on the obscure topic of diabetes mellitus and its inter-relations with other affections. The first case brought forward was that of a man, fifty years of age, of robust figure, who consulted him for epithelioma of the penis. Some years previously he had suffered, while in Africa, from intermittent fever, but had apparently recovered. His urine contained a large proportion of sugar daily (twelve grammes). On the second day following the operation he had a well-marked attack of intermittent fever, which yielded to quinine, but about the fifteenth day sugar reappeared in considerable quantity, although the antidiabetic treatment had previously reduced the sugar to a minimum.

The second case narrated was that of an Algerian, who was operated upon for epithelioma of the tongue. His urine contained sugar and urea. On the fifth day after the operation he experienced most acute pain in the wound, and upon a number of consecutive days, at the same hour, there was hemorrhage from the wound. Quinia controlled the pain and checked the bleeding.

A third patient had gangrene of the heel. He had suffered much from malarial fever, and his urine was highly charged with sugar. M. Verneuil, recognizing the case as one of glycosuric gangrene, administered the sulphate of quinine. The eschar separated and the wound healed. Judging from these and other instances in his experience, the following conclusions were formulated, which in many respects corroborate older views expressed by Cornelian, Sydenham, Cullen, Prout, Griesinger, and many others. Malarial infection is frequently engendered by glycosuria, which assumes two forms: one contemporaneous with the access of fever, and, like it, transitory; the other slow in development, independent of febrile exacerbation, and of permanent duration. This latter variety seems to attack, by preference, the malarious of vigorous type and subjects of arthritic difficulties. The inter-current affections in the malario-diabetics may assume the type of either one or the other of the associated diseases, or of both combined. When, in such

cases, surgical operations are performed, a fresh impetus may be given to either the malaria or the glycosuria, preferably the former.—*Bull. de l'Acad. de Méd.—Med. Record.*

### CHLORAL HYDRATE IN DIABETES.

Prof. ECKHARD shares the opinion of Mering and Musculus that the urine of animals under the influence of chloral never contains sugar. The author has arrived at this conclusion from the following experiments: After injecting a certain quantity of chloral hydrate under the skin of a dog, the fourth ventricle of the brain was punctured; no sugar, however, appeared in the urine. In a second animal glycosuria was first produced by puncture of the floor of the fourth ventricle; chloral was then injected and sugar disappeared. Glycosuria may be produced reflexly by section of the vagus in the neck and stimulation of the proximal extremity; but the experiment fails in chloralised animals. Similarly no sugar appeared in the urine of a dog made to breathe carbon monoxide, when chloral (five grammes) had previously been administered. This evident influence of chloral over the excretion of sugar by the kidneys has been turned to account in the treatment of diabetes; in two patients who were subjected to this method of treatment a marked decrease was observed both in the quantity of urine and in the amount of sugar which it contained.—*Arch. f. Exp. Pathol.—Canada Lancet, March.*

### BROMIDE OF ARSENIC IN DIABETES.

CLEMENS recommends the liquor arsenic. bromat. very highly in the treatment of diabetes insipidus and mellitus. The dose to commence with is one drop in a goblet of water, three times a day. This quantity should be gradually increased to three drops given as many times daily. As soon as an appreciable diminution is noted in the amount of sugar excreted, which usually occurs within two weeks from the inception of treatment, the dose should be gradually reduced to the original, and this should be kept up for as long a time as may be thought necessary. No harm results from continuing the use of the remedy for months or even years. The diet should be that ordinarily recommended for diabetics, and the patients, moreover, should be out in the open air as much as possible. (The author neglects mentioning the formula of his preparation, which he introduced in 1859, and described in the "*Deutsche Klinik*" of the same year. It is known as "liquor arsenic. bromat. clementio," and is a perfectly colorless and transparent fluid, without color or taste.)—*Alg. Med. Centr-Zeit.—Med. Record, March 25.*

### DIAGNOSTIC VALUE OF ALVEOLAR PERIOSTITIS OF THE JAWS IN SACCHARINE DIABETES.

M. MAGITOT read under this title a memoir of which the following are the conclusions: (1) A roughness of the alveolar border known as alveolar osteoperiostitis is a constant sign of saccharine diabetes. (2) This manifestation of diabetes which occurs at the beginning of the disease, and which persists throughout its course, acquires in certain cases a pathognomonic importance. (3) In the first stage of diabetes the alveolar lesion is characterized by deviation of the teeth. In the second stage there is loosening of the teeth and alveolar catarrh. In a more advanced stage there is falling out of the teeth, and finally there is absorption of bone consecutive or not to partial gangrene of the gum. This last sign is critical, and but shortly precedes death.—*Gaz. des Hôp.—Can. Jour. Med. Sc., March.*

## DIABETES INSIPIDUS TREATED BY ELECTRICITY.

Dr. C. P. B. CLUBBE speaks of this method of treating diabetes, in the *London Lancet*. He reports the case of a woman who passed from eighteen to twenty pints of urine per diem. It was light colored, very low specific gravity, and contained no sugar. All the drugs recommended for diabetes were tried, without result. She was then ordered electricity (faradism), to be applied over the region of her kidneys every day, for about twenty minutes at a time. Under this treatment the daily average amount of urine diminished during six weeks, from 237 to 118 ounces; where it remained nearly stationary, varying but little. At the end of the twentieth week all treatment was discontinued. Six months afterward she was in about the same condition as when treatment was stopped. Dr. Clubbe thinks this result would justify the more extended use of this treatment in diabetes insipidus.—*Med. and Surg. Rep.*

## DIABETES—ERGOT.

Dr. EVETZKY claims that *diabetes insipidus*, which is due to paresis of the renal vaso-motor apparatus, is almost always cured with ergot. It is essential to use ergot in as large doses as the patient can bear, and the treatment must not be abandoned too soon. *Diabetes mellitus* is a graver and more extensive morbid condition, but ergot is of great service here, also, although in a lesser degree.

Socquet and Chalin have used ergot in *albuminuria*. Their patients were benefitted. The albumen gradually disappeared from the urine, and the dropsical phenomena passed off. Perroud regards this treatment as symptomatic and not curative. We can not expect much benefit in the advanced stages of this disease, but recent cases of kidney disease present a promising field for further study.—*N. Y. Med. Jour., March.*

## VENOUS CONGESTION AND CIRRHOSIS OF THE LIVER IN DIABETES.

M. LECORCHÉ draws the following conclusions from an essay on this subject:

1. Congestion of the liver is usually, if not invariably, found in the course of diabetes: it is dependent upon the excessive functional activity of this organ, which itself is the cause of the disease.

2. Atrophic cirrhosis of the liver exists merely as a coincidence with diabetes, and can be only indirectly due, according to the author, to the congested state of the organ. He believes it to be due to the large amount of liquid consumed by diabetics.—*L'Union Méd.—Medical News.*

## SYMMETRICAL NEURALGIA IN DIABETES.

M. WORMS read a paper upon this subject before the Academy of Medicine in Paris, in which he arrived at the following conclusions: 1. There is a special form of neuralgia peculiar to diabetes, which is distinguished by the fact that it occurs in two symmetrical branches of a nerve. 2. Hitherto this symmetrical neuralgia has been observed in the sciatic and dental nerves alone. 3. The neuralgia occurring in diabetes appears to be more painful than other varieties. 4. It does not yield to the ordinary treatment of quinine, morphine, the bromides, etc., and it becomes more severe, as the sugar in the urine increases. 5. This form of neuralgia is placed in a separate category under the head of the diabetic neuralgias.—*Lond. Pract.—Louv. Med. News, April 1.*

# SURGERY.

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## OPERATIONS, APPLIANCES, DRESSINGS, ETC.

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### BILLROTH'S OPERATIONS.

Dr. McCLELLAND thus writes in the *Med. Times* of the great German: It is no wonder that Billroth does remarkable operations. In the first place he is responsible to no one. There is nobody to question him and to ask, why do you do this, or why do that? The patient has not a word to say in the matter. If Billroth determines to do an operation, that is the end of it. He is supreme. If the patient recovers, all right; if he dies, all right; not a particle of difference either way. I do not know if he even has any particular satisfaction in the recovery of a patient. It all lies in the fact of having done the operation. In the second place, Billroth has been first professor for years. He has the most abundant material of all classes, qualities and kinds. He does all kinds of surgery, including everything relating to the female generative tract. There is no specialty of gynecology of any consequence here. There is not a day in the year, and has not been for years, that Billroth has not done major operations. I do not mean amputations of limbs or resection of joints. He would not look at such a thing. Why! he whips out a goiter as a sort of by-play while the patient is being etherized. To take out a tongue is easy for him, and he ties the lingual arteries on both sides with the utmost ease. So exceedingly familiar is he with the topographical anatomy of the body that he rarely uses a director, but cuts right down to the place. He stops at nothing. The other day he was removing a cancerous ovary which was found to be adherent to the bladder and part of the small intestine. Does he stop? No! He cuts out a section of the bladder, stitches it up, cuts off seven inches of the intestine, stitches the ends together, removes the growth, closes the wound, and the woman recovers. I saw a man in the ward with a cancer of the stomach at the pyloric end, and after opening the abdomen he found the disease so extensive, involving so much, that he could not remove the growth at all. Does he close up the wound? Not he! He cuts down to the healthy gut, snips it off, cuts a hole into the healthy part of the stomach, stitches the gut to it, and the man is getting fat. Now I say that, to be sure, they are wonderful operations; but why shouldn't they be? Billroth has attained this boldness and amazing skill in surgery by easy stages and after years of daily operating. Another thing, if he proposes doing an operation a little new or out of the way, he has one cadaver or a dozen to experiment upon, if he wants them, at any time or hour of the day. There are twenty to thirty bodies in the pathological rooms every morning.—*Amer. Practitioner, May.*

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### DR. KEITH AND LISTERISM.

Dr. G. N. LYMAN writes: I have received a communication from my friend Dr. Keith, of Edinburgh, in which he complains, and I think it must be admitted not without cause, of the statements made by your correspondent in the *Journal* of January 12th, as to his position with respect to "Listerism."

After denouncing those statements as being wholly incorrect, and moreover unnecessarily so, in view of the fact that your correspondent could readily have ascertained the truth from himself personally, he (Mr. Keith) goes on to say, "It is *untrue* that I ever once used carbolic spray one-tenth stronger than Mr. Lister's five per cent. solution. It is equally untrue that I ever 'denounced Listerism' or 'pronounced against' the use of antiseptic precautions. I said that for some time I had given up the carbolic spray in abdominal surgery as being unnecessary and sometimes dangerous.

"Giving up the carbolic spray in one special operation,—an operation sometimes lasting a couple of hours,—is a very different thing from giving it up in other surgical work, or from giving up the antiseptic principle. I do not now use the spray in ovariectomy, and since I gave it up my results have been better than they latterly were without it, fifty cases giving a mortality of only one."

In your issue of March 2d, you express your desire to do justice in this matter, and I think the above correction is due to Mr. Keith, who feels indignant at the misrepresentation, and is also due to the profession, who ought to know the exact position as to "Listerism" of one who certainly is second to no man living as an ovariectomist.—*Boston M. & S. Jour. April 27.*

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### SURGICAL TRIUMPHS.

Prof. NUSSBAUM has just published a very interesting address delivered on the anniversary of the hundredth birthday of Philipp Franz von Walther, who was born in 1782, and died in 1849. After an interesting account of his life and work, Nussbaum makes a rapid survey of progress since Walther's day. Anæsthetics, antiseptics, and bloodless operations, are all advanced as surgical triumphs. Of ovariectomy he says, "About 40,000 years of life have already been gained for women by successful ovariectomies;" and he believes that lives will be saved and much suffering prevented by Hegar's operation of removing the ovaries to anticipate the climacteric age in women, the subjects of bleeding uterine fibroids. The cure of reflex epilepsy by nerve stretching he regards as a great advance in therapeutics. Excision of a kidney, or of the spleen, of parts of a cancerous bladder or prostate, of the rectum, and of the pylorus, he also regards with confident hope of improving results; and he believes it "not quite impossible that diseased portions of lung may be successfully excised." Our German colleagues are certainly not behind us in courage and adventure.—*British Med. Jour.—Med. News, March 11.*

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### CHRONIC CARBOLIC ACID POISONING OF SURGEONS.

Prof. CZERNY, of Heidelberg, in discussing the relative value and danger of carbolic acid and iodoform makes some interesting comments on the chronic carbolic acid poisoning of surgeons.

The amount of carbolic acid taken into the system by the surgeon during a single operation may be, as he shows, very great. The following surprising statement is made by Falkson. In the twenty-four hours succeeding a two and a half hour operation in which a two per cent. carbolic spray was used, he excreted by the urine 2.0655 grammes of carbolic acid. Now the maximal dose of carbolic acid is two or three minims, which would be fourteen times less than the amount thus thrown off by the kidneys alone. It is well-known that the drug is excreted by the skin and lungs also.

Prof. Czerny says that the history of the surgeon's sufferings from chronic carbolic acid poisoning has yet to be written. He gives, however, some of the symptomatology. The "carbolic marasmus," as he calls it, begins with slight headaches, bronchial irritation, languor, and diminished appetite. When the poisoning is of long standing or intense, the cough becomes permanent, there are heavy dragging pains in the region of the kidneys, the legs feel heavy, there is a sluggish circulation in the abdomen, nausea, especially in the morning; cutaneous pruritus, and finally insomnia, which latter may

be due in part to the formication and other disagreeable sensations in the hands. The blood becomes impoverished and the face assumes an anæmic appearance.

The symptoms are, says our writer, such as would come under the head of what is now described as neurasthenia. But it is a neurasthenia which will disappear after vigorous walking in the open air and a few days' absence from the clinic.

The symptoms no doubt vary with the idiosyncrasy of the individual, and it would be a matter of much interest if more complete data regarding this form of poisoning were accessible.

Prof. Czerny has never seen any structural change result from the constant absorption of carbolic acid.

His conclusion is, however, that phenol is not a safe thing for the surgeon to use constantly, especially according to the method of Lister.

In comparing it with iodoform it may be said that the iodoform is safer for the surgeon, the phenol safer for the patient. There is, however, no great danger to the patient from either agent if it be judiciously used.—*Med. Record*, March 18.

#### ANÆSTHETICS FROM A MEDICO-LEGAL POINT OF VIEW.

Dr. J. G. JOHNSON, of Brooklyn, presents certain conclusions in the *Annals of Anatomy and Surgery* which deserve careful consideration.

Anæsthetics do stimulate the sexual functions, the ano-genital region being the last to give up its sensitiveness. Charges made by females under the influence of an anæsthetic should be received as the testimony of an insane person is. It cannot be rejected; but the *corpus delicti aliunde* rule should be insisted on. Dentists or surgeons who do not protect themselves by having a third person present do not merit much sympathy.

Death from administration of chloroform after a felonious assault, unless the wounding were an unmistakably fatal one, reduces the crime of the prisoner from murder to a felonious assault.

The surgeon has no right to use chloroform to detect crime, against the will of the prisoner.

But the army surgeon has the right to use chloroform to detect malingerers.

The medical expert, notwithstanding he is sent by order of court, has no right to administer an anæsthetic against the wish of the plaintiff in a personal damage suit, to detect fraud.

Gross violations of the well-known rules of administering anæsthetics, life being lost thereby, will subject the violator to a trial on the charge of manslaughter.

A surgeon allowing an untrained medical student to administer anæsthetics, life being lost thereby, will subject the surgeon himself to a suit for damages. What he does through his agent he does himself.

The physician who administers an anæsthetic should attend to that part of the business and nothing else. He should have examined the heart and lungs beforehand. He should have the patient in the reclining position, with his clothes loose, so as not to interfere with respiration; should have his rat-tooth forceps, nitrite of amyl, and ammonia, and know their uses, and when to use them, and how to perform artificial respiration.

Chloroform cannot be administered by a person who is not an expert to a person who is asleep without awaking him. Experts themselves, with the utmost care, fail more often than they succeed in chloroforming adults in their sleep.—*Boston M. & S. Jour.*, March 9.

#### INFLUENCE OF ANTISEPTICS ON THE PERIODS OF AMPUTATION AFTER CRUSHING INJURIES.

Clinical Lecture, by STEPHEN SMITH, M.D., Surgeon to Bellevue and St. Vincent Hospitals, N. Y.

The boy about to submit to amputation of the leg, entered the hospital about four days since, suffering from a crushing wound of the leg, received by the wheel of a street car. The statement of the boy, and of the by-

standers, was that the wheel traversed the leg just above the ankle, and an examination proves that they are correct. The limb was completely crushed in all its tissues at that point. But it must be remembered that it is usual for persons falling before a car wheel, and receiving injuries, to suppose that the wheel passed over the limb, when, in fact, this rarely happens. Such persons are greatly excited and severely injured, and naturally have the impression that the wheel passed over rather than by the side of the injured part. The truth is, however, that the wheel usually pushes the limb before it, and crushes and lacerates its side and fractures the bones. You can determine the nature of the injury by examination. If the wheel has actually traversed the limb, it will be, as in this case, so thoroughly crushed that bones are comminuted, muscles reduced to a pulp, and arteries, veins, and nerves destroyed. The entire destruction of a limb when a car wheel passes over it on a rail, may be tested by experiment with the dead subject. In such a test you will find it somewhat difficult to make the car wheel mount over the limb; the tendency is to push the limb along on the track, and crowd it off upon one side. In this act the side of the limb will be lacerated and the bones broken, but the muscles, nerves, and arteries may be uninjured on the opposite side.

When called to a case of injury by the crushing effects of a car wheel, you should first examine to determine whether or not the wheel traversed the limb. If you are satisfied that it did pass directly over it, the limb cannot be saved; amputation is inevitable. If, however, you decide that the limb was pushed off the rail by the wheel, the question of amputation will be more or less doubtful, according to the nature and extent of the injury. In our time we can save limbs that surgeons formerly would not hesitate to amputate. As a rule, if the arteries and nerves are still intact, the limb can be saved. Disinfectants and plaster of Paris, judiciously used, will save the most unpromising cases of this kind.

But the question which chiefly interests us in connection with this question is this: Why was the operation, when amputation was, from the first, inevitable, delayed to this critical period? It will be a sufficient answer to that question to state that the patient is in better condition for the operation to-day than he has been at any time since the injury was received. In explaining this statement, I wish to emphasize the fact that antiseptics, efficiently employed in these cases, greatly modify our procedures. When it was decided that the injury necessarily involved the loss of the limb, the patient was profoundly under the influence of the shock of the injury. His surface was pallid, his pulse small and rapid, his respirations hurried; he was restless, and large drops of sweat stood on his forehead. The first indication was, therefore, to restore him from the shock, which threatened life immediately. Stimulants, dry friction, and external heat were employed. The second indication was to dress the limb. The appliances used were these, viz.: The limb was laid on a rubber cloth, placed on pillows, and so arranged as to make a trough, which inclined downward toward and beyond the foot of the bed. Above the limb a bottle was suspended, containing a three per cent. solution of carbolic acid, from which common candle wicking depended; the wicking was so arranged that the carbolized water constantly fell on the entire crushed wound, and the water ran off into a vessel at the foot of the bed. The object of this irrigation was to prevent putrefaction and inflammation.

The patient slowly rallied, and at the end of eighteen hours was warm, and in a favorable condition. Formerly, this was the period for amputation, for the danger which the older surgeons feared was the impending inflammation, which usually began in about twenty-four hours. But no prudent surgeon has subjected such a patient to the second shock, which results from an amputation, without a feeling of keen regret, and with intense anxiety. Too frequently has he been arrested in his operation by the announcement of his assistant that the patient was pulseless. Artificial respiration, hypodermic injections of brandy, etc., have rallied the vital forces so that the operation could be completed, and the patient removed to bed. But the revival was momentary. The nervous centres were too profoundly damaged to maintain their functions and death was inevitable.

Since carbolic acid has become so generally used in wounds I have ceased to regard time as an element in amputations. My attention was first called to the power of this class of agents to prevent inflammation, many years before carbolic acid came into use. A crushed foot came under my care, and it was doubtful whether an amputation would be required or not. I suspended the limb, and irrigated the wound with creasote water for ten days, during which time there was not the slightest evidence of inflammation in the part, nor was there any fever. At the end of that period it was apparent that the foot could be saved, and only the simplest dressings were required to perfect a cure.

It is now a matter of every day's experience that carbolic acid constantly applied to crushed tissues, as in irrigation, will arrest all tendency, both to putrefaction and to inflammation. This boy is a striking illustration of the power of this agent to protect a patient from those secondary evils which occur to injured parts. For four days this patient has been recovering from the primary injury, without being in the slightest degree damaged by the local conditions. There has been no other fever than that of reaction from nervous prostration, and that passed off on the second day. He has been taking food freely, his sleep is sound and refreshing, his pulse is nearly normal, and in every respect he seems to be fully restored. The shock of amputation will now be comparatively slight; certainly will not be dangerous in the sense it would have been if I had amputated within twenty hours of the injury. But to guard him against the possibility of harm, he has been taking two teaspoonfuls of whiskey with milk, every hour for four hours, which has caused moderate exhilaration.

It is not absolutely necessary to amputate to-day, so far as the limb is concerned, for we can maintain it in this inert state for many more days, but the patient's general condition is entirely favorable, and as amputation is inevitable it might better be done now, and thus diminish the total length of time required for recovery.

The lesson which I wish to impress upon your minds is this, viz.: In crushing injuries requiring amputation, treat the lacerated parts with carbolic acid water applied by means of irrigation, and delay the operation until the patient is in a favorable condition to endure the shock. I need scarcely say that the same treatment should be adopted in similar injuries which do not require amputation, during the period of impending inflammation. But to be useful, the solution must penetrate the injured tissues, and to effect that it is often necessary to make incisions through the skin.

The leg was amputated below the knee with but slight shock, and the patient made a good recovery.—*Med. News*, April 15.

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### ABUSES OF THE DRAINAGE-TUBE.

Clinical Lecture, by STEPHEN SMITH, A.M., M.D., Surgeon to Bellevue and St. Vincent's Hospitals, New York.

The drainage-tube has become one of the constant appliances in the treatment of wounds, abscesses, and tissues undergoing suppurative inflammation. In passing through the surgical wards of an hospital, one can but be struck with the frequency with which they are met. They protrude from every abscess, in whatever stage of healing it may be; from wounds of every grade; from open joints; from compound fractures; from areas of cellulitis. If we inquire as to the reasons for using them under these varying conditions and circumstances, we learn that they are placed between the surfaces of the fresh wound, to prevent the accumulation of septic fluids; that they are left in abscess cavities to drain away fluids and to admit the washing out of the cavities; that they are passed through inflamed cellular tissue to drain off pus, and allow the injection of disinfectants.

If we examine critically as to the conditions under which the tube was first applied, we shall find that in many instances, had the wound been properly treated, no septic fluid could have accumulated, and that the tube was the only thing which made the collection of such fluid possible. If,



again, we examine individual cases under treatment, we shall find that, in a surprisingly large number, the drainage-tube has not only long ceased to drain away septic matters, but has itself become a source of irritation, and is perhaps the only obstacle to the rapid healing of the wound. The drainage-tube, therefore, though an instrument of great value when properly employed, is undoubtedly capable of doing much mischief when used without proper discrimination. It is of great importance to commence its use with correct ideas as to the precise circumstances and conditions to which it is adapted. In the first place, let me say that the drainage-tube can serve but two useful purposes, viz., 1, as a drain of fluids from a cavity; and, 2, as a medium for the injection of fluids into a cavity. It should be added that it may act in this twofold capacity in a single case. When, however, it ceases to be useful in one or the other of these functions, it has ceased to be useful at all, and its further employment is harmful. Now let us apply these principles to practice in the cases which have passed under your observation in this hospital.

In incised wounds, the tube should never be used when the two surfaces can be brought accurately together and maintained in apposition. This may seem a needless piece of advice, and yet I do not doubt that you have seen it used in just such cases, and perhaps many times. In the removal of tumors large flaps are often formed, and as they are raised up it seems quite impossible to bring the opposing surfaces accurately together; and yet with a little care they can be adjusted, and with careful padding maintained in apposition for the brief period necessary to their union. It is simple carelessness and negligence on the part of the surgeon who allows the surfaces to separate so that a *dépot* is formed for the accumulation of fluids, which necessitates the use of the tube. And I am quite sure that the popularity of the drainage-tube is such with many surgeons that they would place it between the surfaces of the wound without even raising the question as to their ability to secure immediate union by properly adjusting the external dressings. But the difference in the time of healing wounds capable of accurate adjustment, treated with and without the tube is, very great; in the former case, the tube acts as an irritant, and the wound may not, at the best, heal in several weeks, while in the latter, union may be perfected in forty-eight hours.

To thrust a drainage-tube into such a wound and maintain it there for the purposes of drainage and the injection of disinfecting fluids, is, to say the least, very improper practice. Consider, therefore, in every incised wound, whether you cannot so adjust and maintain the opposed surfaces that no open space can exist.

In amputation wounds the tube is now generally thrust into the bottom of the wound, and some surgeons allow it to pass completely through the base of the wound. There it is often maintained in position long after all danger has passed of the accumulation of fluids, as an irritant, preventing the final closure of the wound. Now in the larger number of amputations the flaps should be so formed as to place the angle of separation at the most dependent part. This position admits of the most perfect drainage of the wound without the interposition of a tube, or tent, or other irritating body. But even if a tube is deemed immediately necessary, it should only penetrate to the bone, where a cavity may exist if the flaps are not well supported. If the flaps are made antero-posteriorly, the lines of separation being transversely, the tendency to the accumulation of fluid within the flaps is increased. In this case the tube may prove useful for a few days, but it is usually possible to place the stump in such position that the drainage is direct. If that is done, the tube is either useless or needs to be employed but for a day or two. It should also be borne in mind that an amputation wound may heal without suppuration if the flaps are properly supported at every point, and no foreign substance intervenes.

The only instance in which through-and-through drainage can be useful in cellulitis is where there is a large cavity of pus which cannot be drained except by a counter-opening; and it is doubtful if this method is superior to the old one of a direct counter opening.

As a rule, then, use the drainage-tube only to remove from cavities fluids liable to undergo putrefactive changes if retained, and to cleanse such cavities by the injection of disinfectants. There are abundant uses of the tube for these purposes. Wounds will frequently allow dépôts of purulent matters to form in spite of all our care, and these must be early drained and cleansed. Abscesses are often so placed that we cannot compress them after evacuation, but must drain and disinfect their cavities until they heal by the slow contraction of their granulations. Cellulitis may result in the formation of large collections of putrid fluids, which can best be removed by the tubes, through which the cavity can only be effectually cleansed. Inflamed joints present natural cavities which may require cleansing and drainage.

The impression which I wish to leave upon your mind is this, viz.: that the drainage-tube has certain definite uses, and when so used is of great practical value, but that it is very liable to abuse.—*Med. News.*

### THE PRE-CANCEROUS STAGE OF CANCER.

Mr. JONATHAN HUTCHINSON makes some valuable remarks on this subject in the *British Medical Journal*. He believes that if properly treated in its incipency there is a very good prospect of curing many cases of cancer. "Too late! Too late!" is the sentence written but too legibly on three-fourths of the cases of external cancer concerning which the operating surgeon is consulted. The bitterest reflection of all is, that usually a considerable part of the precious time which has been wasted has been passed under professional observation and illusory treatment. He never loses an opportunity to enforce the doctrine of the local origin of most forms of external or surgical cancer and the paramount importance of early operation. All suspicious sores should be considered syphilitic, and treated internally by iodide of potassium, and locally by caustics, until the diagnosis becomes clear. In most cases of cancer of the penis, lip, tongue, skin, etc., there is a stage, often a long one, during which a condition of chronic inflammation only is present, and upon this the cancerous process becomes engrafted. Phimosis and the consequent balanitis lead to cancer of the penis; the soot-wart becomes cancer of the scrotum; the pipe sore passes into cancer of the lip; and the syphilitic leucoma of the tongue, which has existed in a quiet state for years, at length, in more advanced life, takes on cancerous growth. A general acceptance of the belief that cancer usually has a pre-cancerous stage, and that this stage is the one in which operations ought to be performed, would save many hundreds of lives every year. What is a man the worse, if you have cut away a warty sore on his lip, and when you examine sections microscopically you find no nested cells? You have operated in the pre-cancerous stage, and have probably effected a permanent cure of what would soon become an incurable disease. Instead of looking on while the fire smoulders, and waiting till it blazes up, we should stamp it out on the first suspicion. He does not wish to offer any apology for carelessness, but he has not in this matter any fear of it.—*Med. and Surg. Rep., March 4.*

### ACUTE TRAUMATIC MALIGNANCY.

Mr. RICHARD BARWELL (*British Med. Jour.*), reports two cases of what he calls acute traumatic malignancy; that is neoplastic growths of a malignant type rapidly following upon injury. The two cases coming under Mr. Barwell's observation have led him to think that occasionally under stimulus of severe irritation the tissue elements which under favorable circumstances would assume only the additional activity necessary for repair, may take on a more prolific cell-germination culminating in a rapid form of malignant disease in one of those forms which, be it named myeloid or round celled sarcoma, or encephaloid cancer, consists of little else than heaped up cells and their progeny. A third case came under the notice of Sir James Paget,

and a fourth case is reported by the editor. There are many a priori reasons why it should occur in persons predisposed to cancer.—*Chicago Med. Rev.*, March 15.

### LYMPHO-SARCOMA.—ARSENIC.

BILLROTH has exhibited arsenic in large doses in malignant lymphomata. He gave gtt. v. Fowler's solution and gradually increased to gtt. xxx. or xl., and only stopped increasing if troublesome intoxication came on. He has in this way secured good results, and, as it were watched a self cure. There was passing fever, and the remedy seemed to cause diarrhoea and vomiting at times.—*Wien. Med. Woch.*—*Can. Jour. Med. Sc.*, April.

### TREATMENT OF CANCER PAINS.

AUGER proposes for cancer pains the following:—Sulphate of atropine, gr. v; distilled water, ʒj.

Moisten a compress (or cloth) and apply, covering with oiled silk or gutta percha to prevent evaporation. Renew three to four times daily. This is followed by ease without the symptoms of absorption as mydriasis and dryness of the throat. Its local action consists in causing vascular contraction and diminished sensibility.—*Paris Med.*—*New Eng. Med. Mo.*

### BENEFICIAL IN CANCER.

R. Sanguinaria canadensis, grs. 12; arsenici iodidi, grs. 2; ext. conii, grs. 40. Mix carefully, divide into 24 pills, and order one to be taken three times a day. Or,

R. Bromidi chloridi, gtt. 3-4; pulv. glycyrrhizæ, grs. 60. Mix intimately and divide into 20 pills. Sig. One pill twice or thrice daily.—*Med. Gaz.*, March 4.

### EPITHELIAL CANCER.—THE SURGICAL ENGINE.

It is claimed and taught by Prof. Garretson that epithelial cancer is curable through wide removal of an affected part and replacement of the ablated tissue by a flap brought from the greatest possible distance. This teaching is substantiated by examples running back thirteen years.

On Saturday, February 18, an extreme illustration was brought before the clinical class of the Oral Hospital and a number of surgeons, where the disease involved both eyelids of the right side, extending well down upon the cheek, the contents of the orbit, including the internal and inferior bony floor, both nasal bones, the perpendicular lamella and cribriform plate of the os ethmoides, and, finally, the internal angular process of the frontal bone. That epithelioma so related could not but prove quickly fatal is not to be doubted. The patient, a rugged man, showing no signs of cachexia, understood this, and was very desirous that an attempt should be made to save him. With such appreciation on his part, the clinician suggested that, both for the patient's and for humanity's sake, he would do the plastic procedure, as it offered the only possible chance for life, while at the same time it was a case that would do much to distinguish the boundary of good lying in the performance.

Etherization being secured, a section begun over the frontal prominence was carried down the nose to the ala, and across the cheek to the angle of the jaw. Going back to the place of departure, an incision through the integument was made across the temporo-zygomatic region, ending, finally, beneath the ear. The soft parts involved in these lines were next dissected out. Examination now passed to the condition of the bony parts, with a result of

finding conditions as described. An immediately succeeding step in the operation consisted in removal of the eye and its appendages. Following this, the surgical engine, with its armature of an oval burr, was brought into requisition. The orbital floor, side, and part of roof, together with cribriform and perpendicular plates of ethmoidal bone, were removed. The attention of surgeons cannot too frequently be called to the virtue lying in this engine. The movements of it are so delicate and trustworthy that, while the burr in this case was revolving fifteen thousand times to the minute and the operator was exposing the olfactory lobes of the brain, his speech, and apparently his attention, were directed to persons with whom he was conversing. The diseased parts all gotten clear of, a great flap, having its pedicle about the region of the ear and its termination over the scapula, was turned and stitched into the place before occupied by the parts removed. Three days later a crucial incision was made into that portion of the flap overlying the orbit; and the four ears thus secured were worked around the circumference of the cavity, being retained in position by a conical sponge compress, supported in turn by the monocolus bandage.—*Med. Times*, March 25.

### ANTISEPTIC METHODS.

In its review of the *Annus Medicus* the *Lancet* thus speaks of carbolic acid. Indeed, we may say that the day of carbolic acid is over, not so much because of its danger, as because we have found a substitute or substitutes for it as reliable but not so poisonous. Incalculable good, however, has been achieved by means of carbolic acid; it has been thoroughly efficient, as a rule harmless, easy of manipulation, cheap, and has rendered antiseptic surgery possible years before it otherwise would have been. Carbolic acid has not failed, but something better has been found. These substitutes are eucalyptol, iodoform, terebene, and resorcin. Mr. Lister uses eucalyptol gauze, and finds it quite reliable; iodoform has been used by him, but it is chiefly famous for the results obtained with it by Esmarch and his assistant Tilmanns. At present resorcin has not been much used in this country, but it promises well. Connected with this change is the substitution of a dry-cotton dressing for the gauze used by Mr. Lister; Esmarch employs cotton impregnated with iodoform, and Gamgee has introduced pads of absorbent cotton rendered antiseptic by carbolic and salicylic acids. Both of these dressings appear to be fast gaining in popularity, and certainly possess some advantages over the gauze. The "spray" has been abandoned by many surgeons, and even Mr. Lister has spoken in qualified terms of its necessity; and had we to prophesy, instead of to record accomplished facts, we might venture to predict an early abandonment of this cumbersome addition to a surgeon's armamentarium. Catgut prepared with chromic acid and kangaroo tendons have been introduced as new forms of animal ligature. They both appear to be trustworthy; the chromic catgut is a great improvement upon the old catgut, and is, indeed, one of the most important improvements of Mr. Lister's treatment introduced in recent years.—*Medical News*.

### QUININE IN ANTISEPTIC TREATMENT.

Dr. HUGO ERICHSEN, Detroit, Mich., writes:—Quinæ sulphatis, dissolved in slightly acidulated water, or cinchonæ sulphatis, dissolved in boiling water, may be used in the form of a spray. Where it can be obtained the hydro chlorate of quinine, soluble in 25 parts of water, is to be preferred. The wound is to be dressed as in Lister's method, except the substitution of carbolic acid by quinæ sulphatis. The following benefits will be derived from the use of quinia in antiseptic treatment:

1. Decomposition going on in a wound will cause what is termed surgical fever; quinia, by preventing this decomposition, also prevents the fever.

2. Quinia not leaving the objectionable smell of carbolic acid will not produce vomiting or nausea.
3. Quinia promotes healthy cicatrization.
4. Quinia will destroy the minute organisms.
5. It will leave a sedative and cooling influence upon the wound.
6. It will prevent suppuration.—*Western Med. Rep.*

### CARBUNCLES.—CARBOLIC HYPODERMICS.

Dr. N. B. KENNEDY, Hillsboro, Texas, reports the following:

I was called, August 19th, 1878, to see J. R. D., one of our most esteemed citizens, suffering with fifteen large carbuncles on his back and neck. He was suffering fearful agony, his family informing me he had not slept five minutes in five days and nights. I at once injected four or five drops of carbolic acid into each of the carbuncles with the happiest effects. In five minutes the old gentleman was in a sound and refreshing sleep, which continued without intermission from 4 o'clock P. M. until 9 o'clock A. M. He awoke from sleep greatly refreshed and without pain, and never did have any more pain. Twelve of the carbuncles aborted and three went on to suppuration, or rather, had commenced to suppurate, when I first saw them. A complete cure followed in three weeks.—*Med. and Surg. Rep., March 4.*

### RATTLESNAKE BITE.—CARBOLIC HYPODERMICS.

Dr. KENNEDY, Hillsboro, Texas, says—Was called in the evening to see a boy, ten years old, who had been bitten in the morning by a mountain rattlesnake, in the *dorsum* of the foot. On arrival I found the little fellow suffering terribly, with the foot and leg livid and much swollen. I immediately injected five or six drops of carbolic acid, as near into the bite as I could. The relief from pain was so immediate that the little fellow asked me to let him see the "little thing" that stopped his pain so quick. The swelling rapidly disappeared, and he never suffered another moment's pain.—*Med. and Surg. Rep., March 4.*

### TUMORS.—CARBOLIC HYPODERMICS.

Dr. KENNEDY further illustrates the value of his plan of treatment by the following case:

J. L. F., a well-to-do farmer, consulted me about a tumor on the back of his neck, which had commenced to grow and was paining him. I found a fibro-cellular tumor about the size of a small egg, and injected about twenty drops of undiluted carbolic acid into the centre of the tumor, which in this case suppurated, but in a week or ten days had entirely disappeared, and left no cicatrix behind.—*Med. and Surg. Rep., March 4.*

### SULPHIDE OF CARBON AND IODOFORM IN PHAGEDÆNIC ULCERATION.

From the *Revue Médicale* we note that Dr. J. Chéron, at the Hospital of Saint Lazare, employs the following solution: Sulphide of carbon, 80 parts; iodoform, 5 parts. Iodoform dissolves readily in carbon sulphide, and the rival odors are mutually weakened by association. The pain is less severe than when the sulphide of carbon alone is applied, and it ceases as soon as the liquid has evaporated. It is best applied with a glass brush. Dr. Chéron has seen cicatrization speedily result in cases which had proved rebellious to all the usual treatments.—*Med. and Surg. Rep., March 4.*

## TORTICOLLIS—RESECTION OF SPINAL ACCESSORY.

M. TILLAUX, at the Academy of Medicine, mentioned the case of a young woman, thirty-two years of age, who had been suffering for some months with the following phenomena: As soon as the head was left to itself it was carried toward the right shoulder, the chin deviating to the left, in the attitude of torticollis. This motion was accompanied by a sharp pain in the superior vertebral articulations. She had been subjected to treatment by electricity, magnetism, metallotherapy, iodide of potassium, bromide of potassium, and division of the sterno-mastoid, and mechanical appliances, without benefit. M. Tillaux then suspecting that the spinal accessory nerve was the cause of these troubles determined to resect it. Drawing two horizontal lines, one through the angle of the jaw, where the nerve leaves the parotid gland, and the other through the upper border of the thyroid cartilage, he made an incision between these two lines, dividing the skin, subcutaneous cellular tissue, and platysma. Having reached the sterno-mastoid, he raised its border, and laid bare the nerve. Raising this with a hook he resected about three centimetres of its length. The wound was closed, and Lister's dressing applied; the result was eminently satisfactory,—the patient receiving relief that she had not experienced for two years before.—*L'Union Méd.*—*Can. Jour. Med. Sc.*, March.

## TREATMENT OF BULLET-WOUNDS.

In a report made to the Société de Chirurgie relative to fractures by pistol-balls, M. Verneuil declares that for ten years he has always abstained from intervention in wounds and fractures produced by firearms, and he has always been fortunate in this abstention. He is altogether of the opinion of those who think that the part in which the wound or fracture is situated should be immobilised as far as possible, and no attempts made to find the missile. In regions where this immobilisation cannot be effected in a perfect manner, as in the chest or abdomen, he applies upon the wound a bit of collodionised gauze, and surrounds the region with a bandage agreeably tightened. MM. LeDentu, Nicaise, Desprès, Anger, Terrier, and Chauvel, expressed similar views.—*L'Union Méd.*—*Can. Jour. Med. Sc.*, March.

## CYST OF THE CRANIUM—CEREBRAL COMPRESSION.—RELIEF BY OPERATION.

This case, reported by M. AUBERT, in the *Lyon Méd.*, No. 32, 1881, has a special interest from the influence which the cure of the cyst had on the intelligence of the patient, in consequence of the raising of the bony table. The cyst, about five centimetres in diameter, consecutive on a blow received upon the head twenty years previously, was situated in the lateral portion of the right frontal region, half in the hairy scalp, half in the free portion of the forehead. Opened by thermo-cautery, after an exploratory puncture, it gave issue to a yellow liquid containing crystals of cholesterin. The bed of the cyst was formed by a depressed bony wall. The wound was washed out with carbolic acid and dressed with boracic lint, and precautions were taken to delay union. The bony table rose by degrees, and, at the end of about two months and a half, it was at the same level as the frontal surface. From that moment the patient, who was a married woman about fifty years old, and had no memory at all for the ordinary occurrences of life, and was extremely negligent in all the cares of her household, rapidly became a careful, attentive housewife. This change was so marked and so sudden, to be noticed by every one who was in the habit of seeing the patient.—*London Med. Record*, March 15, 1882.—*Med. News*, May 6.

## FIBROUS TUMOR GROWING FROM SACRUM.

Mr. FRANCIS V. McDOWELL reports the following case in the *Medical Press and Circular*:—

M. B., aged 45, presented himself at the Baltinglass Infirmary, suffering from a large tumor growing from the region of the sacrum, which caused her much pain and inconvenience, as she was unable to sit or lie down. The tumor sprang from the external surface of the sacrum, opposite to the promontory of that bone. There was no evidence of fluctuation, and it seemed to be hard and firm throughout; it had a broad base, and appeared to be deeply attached to the bone. The growth had been increasing in size very rapidly, and as the woman was anxious to get rid of it, it was decided to remove it. The woman was etherized; a long incision made over the summit exposed the fibrous nature of the tumor. The only difficulty was in dissecting it from its base, owing to the firm and dense attachment to the bone. Having completely removed the growth, the parts were brought together and dressed with carbolic oil. Some pain and numbness was experienced in the lower limbs for some days, but this entirely passed away with the healing of the wound. The woman made a rapid recovery, and was discharged from the infirmary three weeks after the operation.—*Med. and Surg. Rep.*, May 6.

## NÉCROSIS OF INFERIOR MAXILLARY.

(University Hospital Reports, Clinic of Dr. AGNEW.)

This man, who has been etherized, suffers from the effect of the eruption of a wisdom-tooth. It is quite apt to cause trouble. The eruption occurs often late in life, when it is apt to result in an abscess, sometimes necrosis. Here it has caused necrosis of the lower jaw, and on introducing the probe through one of the abscess openings the extremity comes in contact with bone, not only dead, but also loose. By extracting the loose pieces we can probably cause the openings to heal up.

The rule in all cases of necrosis of this, as well as of all other bones, is to wait until the sequestrum or dead bone has separated from the living. If you tear it away too quickly, necrosis occurs in the bone from which the piece is torn away.

Looking at this man's left cheek we see two sinuses. Passing in a probe at one of these openings and bringing it out at the other, we cut through all the intervening tissue. Then inserting our forceps, we remove all such pieces of bone as lie loose. Three pieces are all that are loose in this case. All that is now necessary is to simply dress the wound as we would an ordinary open wound.—*Dental Cosmos*, May.

## OPERATION IN CASES OF DISEASED JOINTS IN PHTHISICAL SUBJECTS.

Mr. HENRY SMITH, in a letter to the *Lancet*, confirms the views of Mr. Bryant, who has already spoken upon the above subject. Mr. Bryant does not think that an operation for the removal of a diseased joint in a phthisical patient is unwise, where the local disease is of such a nature as to prevent the recovery from the systemic disease. But apparently in such cases he confines his operations to amputation, while Mr. Smith does not hesitate to perform excision. The latter gentleman states that great benefit has resulted from excision in cases which he has observed. He mentions, as an instance, a tailor, suffering from tubercular phthisis and extensive disease of the elbow-joint, who, after operation, was greatly benefitted as regards the phthisis and the joint disease. He also says that there are instances of lardaceous disease of the liver, where this condition will disappear after operation upon the hip-joint.—*Medical Record*.

### INFLAMMATORY ENLARGEMENT OF BONES.

Mr. C. J. Symonds from a paper on this subject concludes: 1. That osteitis, even when central, is only attended with enlargement when the periosteum is involved. 2. That in all cases of primary synovial disease of joints, or of caries of articular surfaces, with secondary synovial disease, there is no enlargement of the bone. 3. That the enlargement of joint-ends in these cases is only apparent, and is explained by the unnatural prominence of the femoral condyles, owing to wasting of the thigh and to the thickening of the ligaments and synovial membrane. 4. That all inflammatory increase in the size of bones is due to periosteal formation, and that the uniformly cancellated appearance is due (a) to the widening from absorption of the spaces in the compact layer, whereby it becomes indistinguishable from the original cancellous tissue and the porous periosteal bone; and (b) to the remodeling of the compact layer when the osteitis has been superficial. 5. That the term "expansion" is misleading as applied to the results of the inflammatory processes in bone, since the widening of the spaces is an absorptive one.—*Lancet*.—*Med. News*, March.

### GANGRENE OF THE NOSE AND UPPER LIP.

The rare occurrence of such cases is shown by the remark of Prof. Billroth, that he had never before seen a similar case, and knew only of few cases having been reported. Contrary to the general experience in cases of gangrene occurring in other situations, as in the ear, the patient present at Billroth's clinic, a man fifty-five years of age, could give no explanation of the cause of the disease. He had had a tertian intermittent years before, and was subject to fainting attacks. After a moderate chill the tip of the nose became black; later, however, the entire nose and part of the upper lip were destroyed, leaving a granulating ulcer. Syphilis naturally suggests itself, but the man denied ever having been infected, and is the father of four healthy children. Prof. Billroth will attempt to replace the nose and lip by a plastic operation.—*Allg. Wiener Med. Zeit.*—*Med. News*, March 25.

### MENINGEAL INTRACRANIAL HEMORRHAGE—TREPHINING—RECOVERY.

WELJAMINOW reports from C. Reyher's surgical clinic, a case of a man 31 years old, who fell from a step and struck his head. Symptoms of compression following, the slight scalp-wound was enlarged on the eighth day, a trephine applied, and a clot of blood removed from the surface of the dura mater. Seventeen days later the patient was well enough to leave his bed.

According to Bergmann's statistics, this makes the hundredth case of hemorrhage from the middle meningeal artery, the seventeenth of recovery, the fifth of intracranial hemorrhage, and the fourth in which trephining was successfully performed for the relief of compression of the brain.—*Centralblatt für Chir.*—*Med. News*, March 25.

### SUCCESSFUL TRANSPLANTATION OF HUMERUS TO REPLACE A NECROSSED SHAFT.

The following case, reported by Dr. MacEwen, of Glasgow, instances a novel procedure that may prove of some practical utility to surgeons: William Connell, a boy three years of age, entered the Royal Infirmary in Glasgow, in a state of great emaciation, resulting from necrosis of the right humerus. This bone was so extensively necrotic that it was, in great part, removed (by Liston's forceps), the epiphyses only remaining behind. There



was little evidence of periosteum, fungous granulations almost wholly supplying its place. The wound subsequently healed, the patient's health was greatly improved, but the periosteum had only developed a small pointed and delicate bit of bone, adherent to the upper extremity, which, in its totality, only measured about one and three-fourths inches in length. As the condition was not materially altered during the fifteen months following the operation, it was decided to transplant the bone, and accordingly a section was taken from the incurved tibia, cut upon into pieces and placed in conjunction with the upper extremity of the humerus. An attachment subsequently took place. Pleased with this result, a second graft was made, in this instance the bone being cut up into somewhat larger pieces than at first, the size varying from one-sixteenth inch in diameter to one-fourth inch; of these about one-third, and the larger ones did not adhere, but escaped by the open wound. As a result of this operation, the bone now measured four inches in length. The third graft was attached to the lower extremity. The result was a success. It now remained to unite the confronting extremities of the grafts, which was successfully done. The whole length of the bone was now six inches, only half an inch less in length than its fellow on the opposite side. All the movements of the arm are now complete. MacEwen adds, in his conclusions, that each little fragment that is transplanted should contain in it all the elements of the bone, and the antiseptic method should be adopted to ensure success.—*Revue de Chir.—Med. Record, March 18.*

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#### TRANSPLANTATION OF TENDONS.

NICOLADONI, of Salzburg, reports an operation of this kind in paralytic talipes calcaneus; the triceps suris being completely paralyzed gave rise to this deformity. The tendons of the peroneal muscles were implanted upon the tendo Achilles and intimate union was secured. The locomotion of the patient, a boy of sixteen years, was very materially improved as the result.—*St. Louis Clinic. Record.*

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#### PLASTIC SURGERY.

Dr. RICHARD J. LEVIS, Surgeon to the Jefferson College Hospital, has recently performed at the Pennsylvania Hospital several plastic operations which have been attended with satisfactory results. One case was that of a coal miner, who received terrible injuries about the head and breast by the explosion of a can of blasting powder, five years ago. The head was drawn so far forward that his chin had grown fast to his breast, while the eyes were without lids. It was impossible for him to shut his eyes, and food could be taken with the greatest difficulty. In this condition he came to the Pennsylvania Hospital, about fifteen months ago. The cicatrices which held the chin were divided, and the wound covered by skin turned up from adjacent parts of the breast. Within a few weeks' time the patient was able to hold his head erect. The upper and lower eyelids had been burned off, leaving the inflamed edges turned outward. The upper lids were supplied by flesh from a little finger which it was necessary to amputate. In a short time he was able to partially close his eyes, but a few weeks ago he again came to the hospital, and was supplied with new lower lids taken from the flesh of an arm. This application was also successful.

In another plastic operation performed by Dr. Levis, the patient was a young woman, the corner of whose mouth and the under lip were eaten away by disease, down to the jawbone. To heal this a portion of the upper lip was cut and turned over, so as to fill the place of the part eaten away. The wound is healing without disfigurement, only a slight scar showing.—*Col. and Clinical Record.*

## RESECTION OF THE ANKLE-JOINT FROM THE FRONT.

Dr. C. HUETER describes in a recent number of Langenbeck's *Archiv. f. Klin. Chirurg.* a method of excising the ankle-joint, which he has recently practised with success. It was suggested by the consideration that it is from the front that the best view of the joint surfaces can be obtained and the removal of carious foci of bone most readily achieved. The difficulties in the way of such proceeding are, however, evident, and previous to our recent experience of the successful suture of severed tendons and nerves, they were insuperable. But this experience has enabled Hueter to carry out his desired procedure. He makes a transverse incision from the back of one malleolus to the back of the other, places a double ligature on the anterior tibial artery, and cuts the vessel between, and divides its companion veins and nerves. The tendons of the tibialis anticus and extensor longus pollicis are cut, and that of the extensor communis digitorum drawn aside or cut as may be necessary. The capsule of the joint is then opened from the front, and the diseased surfaces of bone sawn off or gouged out. The real difficulties of the operation now commence. The divided nerves—anterior tibial and musculo-cutaneous—are united by fine sutures through the paraneurotic loose connective tissue. The cut tendons are in the same way joined, not end to end, but overlapping each other, so that the uninjured peri-tendinous tissue around the two ends is in contact. Of course every precaution must be taken to secure primary union of the wound.—*Lancet*.—*Med. News*.

## REMOVAL OF THE COCCYX,—SURGICAL ENGINE.

The following is a further illustration of the capabilities of the Bonwill surgical engine as applied by Prof. Garretson.

This operation was done at Penn Manor on the person of a lady, a patient of Dr. William Kirk's, who had suffered from the complications of coccy-dinia for a period of thirteen years. Exposure of the coccyx revealed it as fractured and standing at right angle with the sacrum. The proposition of the manipulation, as enunciated by the deviser, considers the removal of the bone from a stand-point of simple enucleation; in other words, the removal of the part from its envelope of periosteum without disturbing the under layer, which is the surface of attachment for the soft parts constituting the posterior perineum. It will be seen that the purpose is secured absolutely, and that no disturbance of anatomical function can result.

*Operation.*—The patient being etherized and placed partially upon her abdomen, an arm being under the body at the region of the diaphragm, to secure freedom in respiration, an incision was made through the skin and superficial fascia the length of the coccyx. These tissues being carried to either side by means of retractors, a second incision was made through the periosteum, and by means of a chisel-shaped knife this structure was raised and everted. In this last is the peculiar operation as practised by Prof. Garretson: it is as though one might cut down the centre of the upper surface of an envelope, exposing, in the turning aside of the paper, a letter lying upon the lower face of the envelope, the turned-aside upper part being of continuity with the bottom of the paper. A succeeding step employs the engine. A circular burr, the face side alone of which is cut, is placed in the grasp of the hand-piece, and, while in revolution to the extent of ten thousand times to the minute, is applied, with delicacy of manipulative touch, to the surface of the bone. In the case being recorded, five minutes sufficed for the disappearance of the coccyx in the shape of bone-dust, the under face of the periosteum remaining as undisturbed as though it had never been in relation with the coccyx. The wound, a superficial one, was put up to heal by first intention.—*Medical Times*.

### INFLUENCE OF SEXUAL EXCITEMENT ON WOUNDS.

In a paper recently published in the *Lyon Médicale*, M. PONCET draws attention to the evil effects of sexual intercourse when indulged in during convalescence from injuries, operations, etc., and suggests that this may be a not very unfrequent, though unrecognized, cause of some of the mishaps and complications that occur in private practice. The sexual act produces a certain amount of shock which, M. Poncet thinks, may be placed side by side with traumatic shock, and which leaves the patient for a certain time after indulgence in a condition of "least resistance," during which he is especially susceptible to morbid influences. With regard to the impression produced even in health by the act of coitus, some thermometrical experiments undertaken by an interne of the Lyons Hospital are quoted. A thermometer placed in the rectum was carefully observed on nine occasions; and it was found that the temperature was always from five-tenths to six-tenths of a degree Centigrade (nearly 1° Fahr.) lower just after than before coitus. During the act, the temperature rose slightly above normal. In illustration of his views, M. Poncet gives notes of seven cases observed in his own practice, where complications were ascertained to have followed coitus. Four of these patients had lesions of the hand or finger, and all were going on well up to the time of sexual indulgence, which was quickly followed by pain and swelling of the injured part in one case, and in three others by inflammation of the lymphatics, which went on to suppuration in two. In another case, chronic tetanus was attributed to the disturbing effects of coitus, and in yet another the non-union of a fracture. In the latter case, union took place when the man was removed from his mistress, who had been nursing him. In the seventh case, pyæmia and death are referred to a similar cause. The patient had undergone amputation of the thigh for an injury, and was in the country away from any known septic influences. The wound was healthy and granulating, when, on the eighteenth day after the operation, he had intercourse. Rigors quickly followed, and death occurred five days later. A somewhat similar case is mentioned on the authority of Ollier. Although these cases are all surgical, M. Poncet also refers to the adverse influence of sexual excitement in some other diseases, notably diabetes and gout.—*Br. Med. Jour.*—*Med. News*, April 8.

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### SIMPLE METHOD FOR REDUCING A DISLOCATION OF THE SHOULDER JOINT.

Dr. S. R. MACPAIL (*London Lancet*), thus describes the following:

Supposing the left limb to be dislocated, the surgeon standing on the affected side of the patient grasps the limb at the elbow-joint with his right hand, and places the thumb of his left hand on the misplaced head of the humerus. Abducting the limb from the side, and making a fair amount of extension, he now calls away the patient's attention from himself so as to relax the muscular system in some measure, and taking advantage of this relaxation, he rotates the limb externally, aiding the reduction by, at the same time, pressing with his left thumb on the misplaced head of the bone. The only difference when the right is the affected side is that the operator's hands have to be transposed.—*Detroit Lancet*, April.

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### FRACTURED [PATELLA.

In a note to the *British Medical Journal*, Mr. Christopher Heath agrees with Hutchinson that in fracture of the patella separation of the fragments depends on effusion, either of blood or synovia, or a mixture of both. He does not hesitate to aspirate the knee-joint in cases both of fractured patella and injury to the joint without fracture. Having emptied the joint, or if the

patient is seen before effusion takes place, a plaster of paris bandage over an envelope of cotton wadding is applied and the patient made to get about as soon as the plaster is dry. Mr. Heath claims better results by this method than follows the old practice of keeping the patient in bed and not touching the bone for six weeks. A distinctly ligamentous union is more satisfactory than close or so-called bony union.—*Lancet Med. News*, April 29.

### TREATMENT OF FRACTURE OF THE CLAVICLE WITH SILVER SUTURES.

The unsatisfactory results which ordinarily follow treatment of fractures of clavicle, in spite of the numerous forms of apparatus at the service of the surgeon, have led Dr. Langenbuch to attempt the above method. He reports the case of a boy, ten years of age, with a fracture between the middle and outer third of the left clavicle, which he treated by cutting down on the seat of fracture and suturing the ends of the broken bone accurately together with silver wire, and the periosteal sac with catgut sutures; the wires being so twisted that the ends could not perforate the skin, the wound was treated antiseptically, the arm being fixed by a Desault bandage. An ideal result is said to have been obtained.—*Deutsche Med. Woch.*—*Medical News*.

### TREATMENT OF CICATRICES.

UNNA has found (abstract in *Viertelj. für Derm. und Syph.*, Heft 2 and 3, 1881, p. 499), the cicatrices of small-pox, and after ulceration, much improved in appearance by daily rubbing with fine sand. A small sponge soaked with soap lather, is dipped in the powder collected from the debris of marble, and is then steadily rubbed over the cicatrix. The resulting improvement is attributed to the stimulating effect of the mechanical irritation.—*London Med. Record*.—*Can. Jour. Med. Sc.*, April.

## ORGANS OF RESPIRATION.

### RESECTION OF THE LUNG.

Dr. SCHMID (Berlin) has been experimenting on lung resection in dogs. He has cut out portions of the apices of the lungs of eight dogs, and so tenacious of life were the animals that only five of the eight died, one of acute carbolic acid poisoning, four of suppurative pleurisy. The operator naturally attributes these four deaths to the failure of his antiseptic methods, but does not explain why they failed, or speak of the extreme difficulty of maintaining antiseptics in an extensive wound of the lung. Although he has clearly proved that a certain number of dogs may survive the operation, we cannot think it probable that resection of portions of the lung will become a recognized operation in the immediate future. The depth of the human lung, its vascular and nervous relations, the difficulty of arresting hemorrhage on its cut surface, the frequency with which adhesions of the pleura are met with and must be torn asunder, are sufficient to appal the courage of the stoutest surgical heart.—*Practitioner*.—*Med. Med. Jour.*, May 1.

### OPERATIVE INTERFERENCE FOR PULMONARY GANGRENE.

Dr. BULL, after describing a case of *operative interference for pulmonary gangrene* (free incision, evacuation of pus, washing with carbolized water, and thorough drainage), with the production of a complete cure, thus gives the

history of another case in which pulmonary abscess existed, and the indications for a similar operation were urgent, but in which, owing to the non-performance of such an operation, death ensued. He thinks that the operation is indicated in pulmonary abscess, gangrene, or excavation, with firm adhesion of the adjacent pleural surfaces. Previous investigation with an exploring needle is recommended as quite safe, and as affording useful information in regard to the nature and seat of the disease. Strict antiseptic precautions are not necessary, especially as the air will find access to the spot through the bronchi as well as through the incision. In establishing and maintaining drainage, great care must be taken not to excite hemorrhage or irritation of the exposed pulmonary surface.—*N. Y. Med. Jour.*

### RISKS OF INTRA-PLEURAL INJECTIONS.

A few years ago we heard far more frequently of accidents occurring during the operation of washing out an empyema than we have of late; but we are reminded of these risks in a note from Professor Billroth's clinic in the *Allgemeine Wiener Med. Zeitung*. The writer says that Professor Billroth has become convinced of the inutility of injections for the purpose of washing out the empyemic cavity, except in the case of blood-clots and decomposing secretion; and in the latter case it suffices to perform a single but thorough injection. Thus in one case of a shot-wound in the left thorax, leading to putrid empyema, Professor Billroth made a counter-opening, and for four days allowed thymol to flow through. In ordinary empyema the chances are favorable when the operation is done at the right time, for the longer pus remains in the thorax the longer the lung keeps atelectatic, and thus does not approach the wall of the thorax. A rib is resected, a drainage tube introduced, and pus allowed free escape—a method of treatment much like that practised by Hippocrates, who bored through the rib and introduced a short smooth metal tube into the opening. To diminish pus formation a rod of iodoform can be placed in the pus cavity. Injections of cold disinfecting fluids often lead to ill consequences. Professor Billroth relates one—a female, twenty years old, with empyema, who was treated by means of injections. One day, when a cure was nearly accomplished, she became unconscious during the injection, and could not be restored. Dr. Wolflier also had an older patient who became unconscious during the injection, but who recovered. Billroth explains these remarkable phenomena, that a shock is received by the organism, excited through the peripheral nerves by means of cold water, and under ever so slight conditions, it may be the cause of death; just as a mere blow on the testicle or stomach region can be fatal. Therefore it is important to employ injections, when they appear necessary, of warm fluid.—*London Lancet*.—*Med. Gaz.*

### OPERATIVE TREATMENT OF OZENA SIMPLEX.

During the last year, I have attempted in two cases of ozæna, affecting young girls, to bring about a better ventilation of the nares by removing the lower and greater portion of the middle turbinated bones. In both cases I have met with striking success. The most harassing symptom, and that for which the patient sought relief, the penetrating odor of the discharge, disappeared. It should be remarked, however, that disinfecting lotions were used. The same injections had, however, been made for months and years before the operation, without effecting any improvement in the character of the discharge. In both of these cases, the nose was naturally of narrow construction, the inferior meatus permeable only to very small instruments, the vomer deflected from the median line, with the turbinated bones almost completely filling the cavity, particularly in the side.

In one case the nasal mucous membrane was very much congested and of velvety appearance. In the second case cicatrices of previous ulcerations, covered with thick, fetid crust was perceived. Aside from the benefit which

the sense of smell derived from this operation, the enhanced facility for breathing and cleansing the nose was most gratifying to the patients.

Until a better operative procedure is devised, I would suggest that a concave chisel be introduced into the nares, with the cutting edge placed against the anterior margin of the turbinated bones.

A few strokes upon the chisel with the hand will displace the bone, and its attachments to the soft parts can then be divided with scissors. In case of severage hemorrhage, plugging of the nostril may be become necessary. Although I have operated in two cases of simplex ozæna, a rather rare affliction, I have deemed it advisable to impart my experience to my confreres.—Richard Volkmann in *Zeitsch. f. Chir.*, 4 ii., 1882.—*Cin. Lancet and Clinic*, April 1.

### EXTIRPATION OF THE LUNG.

GLUCK (*Berliner Klinische Wochenschrift*, No. 44, 1881), after several experiments on rabbits, concludes that since extirpation of the lung in these animals has been successfully performed, it may yet be considered admissible to perform this operation on man, in case of abscess or gangrene of lung, bronchiectasis, pulmonary cavities in, or tumors of the lung. He applies to the treatment of the lung the old maxim: "Where there is pus, cut; where there is hæmorrhage, ligate; where there is a tumor, extirpate it."—*Chicago M. Rev.*, March 1.

### TANNIN IN NASAL POLYPUS.

M. STANISLAS MARTIN states that in six cases he has known injections of officinal tannin, one part to ten of distilled water, morning and evening, prove very efficacious in mucous nasal polypi. If it be continued for some time a tannate will be formed, which will become detached restoring respiration by the nostrils.—*Med. Times and Gaz.*—*Louv. Med. News*, March 18.

## ORGANS OF CIRCULATION.

### WOUNDS OF THE HEART.

A recent leading article in the *Lancet* shows the fallacy of many popular and even medical opinions respecting the absolute fatality of wounds of the heart. According to this article there is no case of absolutely instantaneous death from cardiac wounds. Wounds of the apex only kill within an hour after the wound has been inflicted. In one instance cited, a man lived twelve hours after the heart had been bisected by a saber. Out of twenty-nine cases cited in the article in question, only two died within forty-eight hours after receiving the wound. The others lived from four to twenty-eight days; death resulting in most cases from avoidable complications. Recovery may take place even when the wound is extensive, for a bullet has been found imbedded in the muscular walls six years after the receipt of the injury; the patient dying from a disease entirely disconnected with the cardiac wound.—*Chicago Med. Rev.*, April 1.

### PENETRATING WOUND OF THE AORTA.

At the meeting of the Vienna Gesellschaft der Aerzte, on November 25, Dr. Zillner exhibited a specimen of a penetrating wound of the aorta, the man living for sixteen days after, and then dying from pericarditis. The course of the wound ran from underneath the right clavicle, through the pectoralis

major and the second intercostal space into the aorta, in which an aperture four millimetres in length, and situated three fingers breadth above the valves were visible. The small size of the wound, a considerable atheromatous degeneration of the aorta, the slight retraction of its inner coat, and a possible plugging by the pericardial covering, may perhaps account for the prolongation of life in this case. Prof. Chiari observed that even a spontaneous rupture of the aorta may heal. In 1880, in the Rudolph's Hospital, while dissecting the body of a man who had died of phthisis, he met with a false aneurism of the ascending aorta, with a transverse rupture of the vessel by the side of it, which had healed.—*Wien. Med. Zeit.—Med. News.*

### GALVANO-PUNCTURE IN AORTIC ANEURISM.

Mr. RICHARD CANNON reports the case of an aortic aneurism which had almost reached the point of rupture, the skin being reddened and very thin over the tumor, which was cured by the insertion of two needles connected with twelve Stöher cells. It is stated that when the needles were withdrawn no current was to be detected, so the favorable results may with equal probability be attributed to the mere presence of the needles or to the electrolytic action. The needles remained in the tumor only twenty minutes; at the end of ten days the tumor, which had only been the size of a walnut, had flattened down to the chest walls, pulsation and redness had disappeared, and there was no pain or cough. Iodide of potassium was administered internally throughout the treatment.—*Lancet.—Med. News.*

### PULSATING EXOPHTHALMOS.

Dr. NOYES reports a case which differed in its history and treatment from any on record. A girl, four years ago, after some severe form of fever, was suddenly taken with a pain in the left side of the head, and about the left eye; the globe began to protrude, and within one week there was marked exophthalmos without inflammatory disturbance. For four years the condition of the eye remained substantially unchanged, except that she had occasional attacks of fugitive inflammation. While passing through Dublin, on her way to America, she had a severe attack of inflammation of the eye. On her arrival in New York she came under his observation. He found swelling of the lids, considerable ecchymosis. There was marked protrusion of the globe, and at the lower and inner angle of the orbit a projection was felt, which at first seemed to be a solid growth. Pulsation, however, was felt, and an operation was proposed. Examination under ether showed the tumor to be a distended blood vessel, which came from the orbit, forward, and returned upon a loop. A bruit was heard over the exophthalmos, but not upon the temple. Pressure upon the carotid completely stopped the pulsation, but had no effect upon the protrusion. From this he concluded that it was a purely vascular anomaly, and not wishing to perform so grave an operation as ligation of the carotid, and not being clear with reference to the diagnosis, he decided to ligate the angular artery, and to dissect down to the enlarged vessel, and tie it off. With great difficulty he succeeded in ligating the angular artery. Then dissecting up the protruding vessel, which was as large as a good-sized lachrymal probe, he traced it down, placing one ligature after another in the vessel, and cutting between them. He demonstrated that it was a vein, which he finally ligated at the spheno-maxillary fissure. He then concluded that it was the anterior orbital vein, coming out of the spheno-maxillary fissure, and going back to empty into the cavernous sinus. The wound healed kindly. At the end of six weeks the exophthalmos had disappeared.—*Med. and Surg. Rep., April 29.*

## RARE FORM OF VASCULAR DISEASE.

At the consultation at St. Bartholomew's Hospital, on the 2d inst., Mr. Thomas Smith was able to exhibit an instance of an extremely rare form of disease. The patient was a young woman, about nineteen years of age, who presented an abnormality of the circulation of one hand and forearm, which is best classed, perhaps, under the head of aneurismal varix; she could hardly be said to suffer from the condition, as she had been able to discharge her duties as a domestic servant until her comfort was interfered with by a somewhat persistent hæmorrhage from the site of a small abscess in one finger. Large pulsating vessels having the distribution of the veins were to be seen on the back of the hand; the pulsation was accompanied by a purring thrill and a loud buzzing murmur. There were two points about the case which gave it a peculiar interest; first, that there had been no known injury which could have caused a direct communication between the arteries and the veins; there had been, it is true, a severe burn of the hand in early childhood, but there was no reason to suppose that the vessels were especially damaged. The case thus appeared to be an instance of spontaneous aneurismal varix. The second point of interest was that the thrill and loud buzzing murmur were very plainly to be observed in the brachial artery at the bend of the elbow, and in all the arteries of the forearm. These latter vessels all appeared to be enlarged; and these facts led Mr. Smith to suggest that the case had some analogy to the aneurisms by anastomoses commonly seen on the scalp, and that the free communication between the arterial and the venous circulation of the forearm was affected by way of the much-enlarged capillary vessels. In whatever way the case be regarded, it is of singular interest, and probably almost unique.—*British Med. Journal*, March 19, 1882.—*Med. News*, April 8.

## DRAINAGE OF THE PERICARDIUM.

A case, probably unique in the annals of paracentesis, has been recorded by Rosenstein, of Leyden. A child, aged ten years, suffering from pericardial effusion, presented such a degree of interference with the circulation and respiration, that an aspirator needle was passed into the fourth intercostal space, near the sternum, and 620 cubic centimetres of liquid were withdrawn. Left-sided pleural effusion soon followed, and 1100 cubic centimetres of liquid were evacuated. The cardiac symptoms increased, and necessitated a second puncture of the pericardium; 120 cubic centimetres of purulent liquid were withdrawn. A relapse occurring, a larger opening was made, an inch and a half long, in the fourth intercostal space. The soft parts were divided layer by layer under strict antiseptic precautions. When the pericardial cavity was reached a large quantity of pus escaped. Two drainage tubes were inserted. The operation was followed by an immediate return of the circulation and respiration to normal conditions. An incision into the pleura, however, also became necessary. At the end of four months of treatment the patient left the hospital in good condition. There was no pyrexia or œdema of the skin in the præcordial region to indicate the purulent nature of the effusion.—*The Lancet*.—*Cin. Med. News*, April.

## EROSION OF THE INNOMINATE ARTERY IN CONSEQUENCE OF SECONDARY DIPHThERIA OF A TRACHEOTOMY WOUND.

This case, occurring in a boy nine years old, eleven days after the operation of tracheotomy, differs from the cases supposed to be analogous which have been reported by H. R. Bell, J. Wood, and Körte, in that the erosion was caused by extension of the diphtheritic process and not by pressure of the cannula. In this case, reported by Gnandinger, the tube had been removed several days before and the autopsy showed a cavity lying in front of the



trachea, from which the tissue-destruction extended into the thoracic cavity. The left wall of the innominate artery was here of a greenish color, and was perforated in two spots of the size of a poppy-seed.—*Centrab. f. d. Med. Wissen.—Med. News, April 1.*

### HOW THE FIBRINOUS CLOT OF AN ANEURISM IS FORMED.

The old and long-accepted view that laminated aneurismal clots are formed by a retarded blood-current depositing its fibrin in successive layers, and the later theory of Broca, by which clots were classified as vital, active, or fibrinous, in contradistinction from those that were passive or mechanical, have been re-examined by Dr. H. D. Schmidt, of New Orleans, with special reference to a case of fusiform aneurism of the femoral. He had been much struck on previous occasions with the irregularity in the disposition of the fibrinous layers, differing as they did much from types that have been described. In this present instance he found abundant evidence to prove that the original fibrinous deposit, which measured only two and one-fourth inches in diameter, had been separated from the wall of the vessel, allowing the blood to pass behind it. The laminae also were not concentric but imbricated as a rule, and it was plain that the blood-current wave had swept in different directions at different times. The appearances called to mind the arrangement in the corollary petals of a flower like the rose, rather than the coatings of an onion, which has been the object so often selected for comparison. The cause of these peculiar deposits he traces to various conditions, and even to the position of the patient.

When fibrin is deposited between the clot and the sac, ridges and columns are formed, which at first are rectangular to the sac, but subsequently are pressed down by the onward current of the blood, which in passing deposits another series. The blood-corpuscles are thought to be active agents in the organization of the thrombus. Each change in the form of the tumor necessitates a change in the manner in which the fibrin is deposited.—*Annals of Anat. and Surg.—Med. Record, March 11.*

### ELECTROLYSIS IN AORTIC ANEURISM.

Clinical Lecture, by WILLIAM PEPPER, M.D., Philadelphia, Penn.

At this point let us discuss the treatment of internal aneurisms. As they are internal and not in reach of the surgeon, so that the main arterial trunk may be ligated, the following medical means have been thought of:

*First.* Specific remedies, and those that will favor clotting of blood; as the mineral salts, lead, etc.

*Second.* Physicians, finding that, as people were starved, the blood became very rich in fibrin, thought that there was more likelihood of a clot being formed under a plan of partial starvation than when the patient was allowed full diet.

*Third.* As all increased muscular exertion causes increased action of the heart, and, hence, the more immediate danger of rupture by the increased force of the blood-current through the sac, rest was considered beneficial. In reality, the last two—namely, perfect rest and as low diet as is consistent with absolute life—are most important elements in our medical treatment; and as you never find aneurisms without atheromatous changes in the coats of the arteries, alterative remedies, as potassium iodide, become valuable, more especially when syphilis is an element in the disease. In the case before us, potassium iodide did not check the progress of the affection.

But supposing, despite the treatment referred to, the aneurism goes on growing larger and larger, protruding more and more against the chest, so that the thoracic walls and ribs are giving way before it, the tissues over it are growing thinner, and the thrill and pulsation more evident each day. The question will then come up, and is often anxiously asked by the patient,

"Can nothing else be done to relieve me; to ward off this impending result, and save the life, just hanging by a thread?" This is often very difficult to answer, except when the aneurism is of a vessel so located that the main trunk may be ligated; but, of course, when situated in the thoracic aorta, or arch of the aorta, this cannot be done. There remains, then, nothing to do but to put something into the sac that, mechanically, will form a clot in it. Needles, horse-hair threads, etc., have been tried with little advantage. The galvanic current alone has proved a success. You know that, if two needles, connected with the poles of a battery, be placed in a dish of albumen, it will be soon coagulated. I take here two needles so connected, and by placing them into the white of an egg, you see immediately the needles become coated; and as I continue the process, a firm, strong clot is formed at the negative pole, and a small, friable one at the positive pole. This process has been taken into consideration in the operation of electrolysis.

The mode of operating is very simple. You need two sharp platinum needles, coated with gutta serena; and after freezing the skin with ice or with ether-spray, you should plunge one needle, previously connected with the galvanic battery, boldly in with a single stroke, until you feel all resistance cease. The second needle is to be introduced the same way. Thus far, it will cause but little pain; but the moment the current is turned on, the heart will give a great bound and the pulse become greatly accelerated. This should not, however, be any cause of alarm. Gradually turn on the full current and leave it on for some minutes, when the operation is completed by withdrawing your needles.

Electrolysis is only applicable when the medical treatment has been tried, and when the aneurism comes up closely to the thoracic walls; but this is so often the case, that it can be frequently applied. Here is a specimen from a case in which the operation has been performed twice in this Hospital, at the urgent request of the patient. The needles were introduced, and almost immediately the operations were followed by great relief of pain and great reduction of pulsation and thrill. In a short time, however, all these bad symptoms returned, and the operation was repeated with the same beneficial results. The man finally died from exhaustion, and, at a post-mortem examination, large fibrous clots were found at the points of insertion of the needles, which, no doubt, prevented rupture of the sac. The operation therefore was perfectly satisfactory, so far as relief of pain and comfort are concerned. The last fact is the same as is shown by the study of the results of about one hundred cases, in whom, in about two-thirds of them, temporary relief from pain and suffering was given, and only in a very small per cent. had it a curative effect; still, in no case had it ever done any harm. I think, myself, that the operation under such circumstances as I have stated is perfectly justifiable, and I would be perfectly willing to have it performed upon myself.—*Virginia Med. Mo., March.*

#### VENOUS ANGIOMA OF THE FACE.

Report of a case by Dr. Christian Fenger, Chicago:—Charles B., aged twenty-five, laborer, entered Cook County Hospital, and was placed under Dr. Fenger's care. On examination a large lobulated, irregularly ovate tumor was found on the right cheek, extending from the inner canthus of the right eye, downward and inward to within half an inch of the angle of the mouth; then upward and outward to a point midway between the outer canthus of the eye and the tragus of the ear, and from this point to the inner angle of the eye, involving the greater part of the lower eyelid. The tumor was very prominent, of a bluish purple color, non-pulsating, but receding on firm pressure. To the touch it was doughy and inelastic. On removal of pressure it slowly enlarged to its former size and shape. It could not be seen or felt on the inner side of the cheek, in the oral cavity, but there was a small purplish spot on the inner side of the lower eyelid. There was also a small tumor, about the size of a pea and of the same general character as that mentioned above, on the upper lip, to the right of the median line. The

patient stated that the tumor was congenital; that it had always covered as large a portion of the face as at present, but that it was not as prominent years ago as now. It had never caused him any convenience except when he exerted himself, when it would become more prominent and of a more livid hue, but would soon return to its original size and color.

The patient having been anæsthetized, Dr. Fenger proceeded to remove the tumor, making the incision in the healthy skin, near its margin. When he came to the eyelid, it was found that some skin here, and also the orbicularis palpebrarum, could be saved. Numerous bleeding vessels were met with and taken up, and ligated with catgut. The necessary plastic operation for covering the large denuded surface was then performed.—*Chicago Med. Rev.*, April 1.

### NÆVUS.

Clinic of ABRAHAM JACOBI, M.D., College of Physicians and Surgeons, New York.

This little baby, seven weeks old, has, as you see, an elevation of the cutaneous surface at the outer angle of the right eye; it is about the size of your little finger nail, red in appearance, and has a feeling as if extending down into the subcutaneous tissue. It has been present ever since the birth of the child, and of late has increased in size more rapidly than at first. There is danger, therefore, that if it be left alone it may extend to the eyelids and conjunctiva. The name of the tumor is nævus. We will remove it with the actual cautery, not heated to a white heat. You observe there is some bleeding from the superficial vessels, but that will cease of itself. It is better to perform a second operation than to carry the first one too far, and should it prove that we have not removed it entirely the mother will bring the child back again within two weeks and the cautery will be applied again. *Med. and Surg. Rep.*, April 15.

### TREATMENT OF WINE-MARKS BY ELECTROLYSIS.

The object, as in scarification and puncture, is to excite sufficient inflammation to destroy the fine net-work of blood-vessels. A simple needle or an instrument containing a dozen or more needles, with points upon the same plane and about two millimeters apart, is attached to the negative cord pressed into the skin and the electrolytic action serves to destroy the capillary net-work. The instrument used is a small brass disc, which carries numerous fine cambric needles. When the circuit is completed, a blanching of the tissue for a small space around the needles is immediately observed. With ten or twelve cells of an ordinary zinc and carbon battery, the needles should be allowed to remain ten to thirty seconds, depending upon the delicacy of the skin and the effect produced. The blanching disappears in a few moments. The effect of the electrolysis becomes evident in about three weeks. In aggravated cases there might be a return of the color, when a very fine and flexible steel needle, introduced in an oblique direction beneath the skin to the depth of a centimetre or more, should be used. By this means Prof. Fox destroyed the larger vessels from which the supply of the capillary vessels was received. The objectionable features were that the operation was a somewhat tedious and painful one, a slight danger of causing suppuration and superficial sloughs, and a tendency to the formation of small keloidal appearing out-growths, and sometimes small ulcers and depressed scars, or small, firm vascular nodules. The operation does not leave a perfectly normal skin, but the condition may be greatly improved.

Dr. Sherwell, of Brooklyn, thought that the same results could be obtained by multiple puncture with a needle or disc of needles, the ends of which had been tipped with a caustic, as chromic or carbolic acid.

Dr. Knapp, of New York, suggested that if the starting-point of these marks could be found and destroyed, the remainder would be obliterated. An illustrative case was cited.

Dr. Sherman, of Ogdensburg, cited a case in which spontaneous ulceration occurred at the point, and produced the same result mentioned by Dr. Knapp.—*New York Medical Society-Record*.—*So. Med. Record*, March.

### GOITERS—GLYCERITE OF IODOFORM.

Dr. BOECHAT uses a glycerite of iodoform protected by a coating of collo-dion, in recent soft goiters. He claims to get better results by this method of treatment than with iodine or iodide of potassium.—*Louv. Med. News*, April 15.

## DIGESTIVE ORGANS.

### CARCINOMATOUS ULCER OF THE TONGUE.

Clinic of Prof. D. HAYES AGNEW, Philadelphia.

This patient has an ulcer far back on the left side of the tongue, near its root, so far back that only with difficulty can it be seen. There are three kinds of ulcer (1) dependent upon gastric disturbance. This variety is usually situated on the outside of the tongue, and is accompanied by great redness and by absence of the epithelium for some distance around its site. This form of ulcer is not so very serious, but is most obstinate. To cure it, it is necessary to correct the gastric disturbance. The next (2) variety of ulcer is tuberculous or syphilitic. The ulcer is present only in scrofulous subjects. The (3) variety is the carcinomatous. It is this kind of ulcer with which we have to deal in the present case. It presents the appearance of great depth. This appearance is due to the elevated condition of the edges of the ulcer. In the next place, when we come to touch the surrounding parts we find them indurated. This induration extends on all sides of the ulcer and below it. These malignant growths have a constant disposition to spread, and are very painful. Epithelioma, or carcinoma of the tongue, is generally found in elderly persons between the age of forty and sixty, and is present in five men to every one woman. The only mode of treating such ulcers is to destroy all the surrounding tissue with the cautery. The two arteries (one on each side) of the tongue do not anastomose, and so tend to keep malignant disease from spreading; but on the other hand, the predominance of muscular and fatty tissue in the tongue, and the absence of fibrous tissue is a strong element in favor of the spread of these diseased epithelial cells. We have completely anesthetized the patient, and before applying the cautery, I fix his mouth open with this gag, bring his tongue far out of his mouth, and pass a strong thread thorough its tip, and so hold it in position. With the red-hot point of *Pacquin's thermocautère*, I then proceed to destroy all the affected tissues.—*Mich. Med. News*, April 25.

### EPULIS, WITH PROFUSE HEMORRHAGES.

In the *Lancet*, Mr. J. W. Hulke reports the following case: A blonde, aged sixteen, with wax-like pallor, and scarcely able to stand without support, was admitted into Queen's ward on the night of July 29th, 1880, on account of very profuse hemorrhages from the mouth. Their source was a small epulis of the size of a Spanish nut, springing from the interior plates of the alveolar process opposite the right first molar tooth. The girl said that this had begun to grow three years before, soon after she had had an upper double tooth removed at the Dental Hospital. Until this uncontrollable bleeding, which obliged her to come to the hospital, she had not attached any

importance to the lump, particularly as it occasioned her but little inconvenience. This molar was drawn, the epulis cut away, and the bone to which it was attached was gouged out. Bleeding, which was somewhat copious, was checked by a compress, dusted with powdered persulphate of iron. The wound healed in about a fortnight, by which time she had begun to lose her pallor. A few months since there was no appearance of a recurrence. The anatomical structure of the tumor placed it in the class of fibro-sarcoma.—*Med. and Surg. Rep.*, May 6.

### TONSILLOTOMY BY IGNIPUNCTURE.

The *British Medical Journal* after commenting on the dangers of removing hypertrophied tonsils by all of the old methods, says: "It is now alleged that with the thermo-cautery this serious accident (hemorrhage) is no longer to be dreaded. M. Krishaber, who has tried it during two years, and has collected more than forty cases (*Annales des Maladies de l'Oreille et du Larynx*) has never had any accident after this treatment, and the results obtained have been lasting. It is likewise a novel application of a method which he has found perfectly successful for granulations of the larynx and pharynx. He proceeds as follows: The patient is placed—firmly, if a child—as if for laryngoscopic examination, in front of the operator, the mouth open, the tongue held back by a large spatula, the bottom of the throat well illuminated. M. Krishaber generally uses Paquelin's narrow-pointed thermo-cautery, heated to red heat. When it is only required to modify the nutrition of the gland, he gives preference to Trouvé's polyscopic galvano-cautery. The puncture of the gland, made as deeply as possible with the point of the instrument, should be repeated five or six times at each sitting. An interval of two or three days is left between the sittings, so as to allow the fall of the eschar, and to estimate the result. The operation is not at all painful, and pain, from burning, is rarely felt. Nothing needs be administered after the operation, except, in some cases, a gargle of warm water, slightly carbolized—*Med. and Surg. Rep.*, April 1.

### PRIMARY EPITHELIOMA OF THE TONSIL.

Dr. D. BRYSON DELAVAN, of New York, relates a case of primary epithelioma of the tonsil. Cancer of the pharynx, he remarks, although a somewhat rare affection, is one fraught with such serious results that no opportunity for investigating its nature or devising means for its relief should be lost. That the tonsil should be a favorite point of departure for malignant disease seems not unnatural, when the anatomical position and structure of that organ are considered. The very qualities, however, which render it liable to attack, afford, on the other hand, the greatest possible measure of hope for a favorable prognosis. For, if a diagnosis could be made before the disease had involved the surrounding tissues, the gland might, in most cases, be extirpated with comparative ease, and by the natural passages, thus avoiding the formidable operation by external incision and the almost certain recurrence of the trouble.—*N. Y. Med. Jour.*, April.

### DIFFUSED TUBERCULOSIS OF THE BUCCAL MUCOUS MEMBRANE.

Dr. J. EICHHOFF (*Deutsche Med. Wochens.*, 1881, p. 413) gives full notes of the case of a man of 39, thin and poorly nourished, with a greatly enlarged under lip hanging out so that the mouth could not be closed. Thin saliva continually dripped out. The surface of the under lip was uneven and rough, and covered with tough mucus. In the center could be seen, at the junction of the lip with the gum, a transverse ulcer of about two and a half

centimeters' breadth, with smooth, gray-coated surface, and slightly irregular, sharply defined borders. At the right commissure of the lips, on the mucous membrane, a roundish, coin-sized ulcer could be seen, with smooth, grayish surface and somewhat overhanging borders. A similar ulcer could also be found on the right side of the mucous surface of the upper lip. The upper lip itself was much swollen, rough, and covered with mucous masses. The teeth were defective. The tongue was markedly swollen, especially in its anterior and lateral portion. There were a number of pin-head-sized yellowish deposits scattered over the mucous membrane of the tongue, together with several small ulcers. On the tip of the tongue was a flat, yellowish ulcer, and along its border several elongated cicatrices. Several small ulcers could also be observed in the mucous membrane of the hard palate.

The external cutaneous surface showed a number of typical tuberculous ulcers. Physical examination of the chest showed involvement of the lungs. The patient died within a few weeks, when the lungs were found pneumonic and filled with caseous deposits. The upper air-passages were the seat of similar ulcers to those found in the mouth. Likewise the intestine was studied with ulcers, and tuberculous adhesive peritonitis existed. Syphilis was carefully excluded, and the case was evidently one of marked tuberculosis.—*Med. Times.*

#### TREATMENT OF ABSCESS OF THE LIVER.

Dr. RANDOLPH WINSLOW, in *Annals of Anatomy and Surgery*, contributes an excellent article on this subject, and closes his paper with the following conclusions:

The following summary represents the results of my investigations in regard to the surgical treatment of abscess of the liver:

1. The liver should always be aspirated in a case of suspected abscess, in order to verify the diagnosis.

2. Many small and a few large abscesses have been cured by one or more aspirations; hence this method should always be employed at the first exploration, and we should then wait until it refills. If the pus collects slowly and in small amounts, it may be again aspirated; if quickly and in large quantities, aspiration is not to be relied upon.

3. Incisions should be made into the abscess cavity at the most prominent portion of the tumor, whether in an intercostal space or not; and irrespective of the presence or absence of adhesions.

4. Rigid antiseptic precautions add much to the safety and certainty of a successful result.

5. When Listerism is impracticable, good results will be generally obtained by simple incision or puncture by a trocar and canula, followed by the introduction of a drainage-tube, and the daily use of carbolyzed injections.

6. Any of these methods are preferable to leaving the case to nature.—*Gaillard's Med. Jour., April.*

#### KNIFE WOUND OF THE LIVER.

Dr. WOLFF (*Atlanta Medical Register*, March, 1882) reports a case of recovery from a knife wound of the liver. The right lobe was affected and protruded through the external wound. The hæmorrhage was at first considerable, but was controlled by cold. The blood, on examination, was found to contain sugar. The febrile reaction was not great. The stools were of a light color. The patient became icteric three days after the receipt of the wound, and there was retention of the urine, which, when drawn off by the catheter, was found to be dark and turbid. The patient made a good recovery; quinine and morphine being given internally. Cases of this kind are exceptional.—*Chicago Med. Rev., March 15.*

### GUNSHOT WOUNDS OF THE ABDOMEN IN RELATION TO MODERN PERITONEAL SURGERY.

From a series of admirable papers on this subject, written by our eminent confrère J. Marion Sims, M.D., LL.D., etc., for the *British Medical Journal*, we take the following:

I seize this occasion to repeat what I said in Paris to the friend who sent the telegram to New York. I said, "If the president had recovered from shock and if there was undoubted evidence that the ball had traversed the peritoneal cavity, his only safety was in opening the abdomen, clearing out the peritoneal cavity, tying bleeding vessels, suturing wounded intestines, and treating the case as we would after ovariectomy, using drainage or not as circumstances required." That is what I said then: this is what I say now, and what I am able to defend on the broad principles already so well established in peritoneal surgery.

Do we not now every day fearlessly and with the utmost safety open the peritoneal cavity and remove ovarian tumors and uterine fibroids, cut out kidneys and spleens, attack the liver in its fastnesses, unroll the convoluted obstructed intestine, exsect the pylorus, incise the stomach for foreign bodies and for nutrition, search out and evacuate hidden receptacles of pus, and remove Fallopian pregnancies, bringing back to life individuals who, but for these brilliant and successful achievements, would all have found early graves? And shall we stand idly by and see any man, whether he be president or peasant, certainly die with a shot through his intestines without an effort to save life when it is so certain and so easy to do it on the principles now well understood and successfully practiced every day? Fortunately for the president, the ball did not traverse the peritoneal cavity and hence his escape from a rapid death and hence the uselessness of my telegram.

I have the deepest conviction that there is no more danger of a man's dying of a gunshot or other wound of the peritoneal cavity, properly treated, than there is of a woman's dying of an ovariectomy properly performed. Ovarian tumors were invariably fatal till McDowell demonstrated the manner of cure, which has now reached such perfection that we cure from 90 to 97 per cent. of all cases. And by the application of the same principles that guide us in ovariectomy to the treatment of shot wounds penetrating the abdominal cavity, there is every certainty of attaining the same success in these that we boast of ovariectomy.—*Amer. Pract.*, April.

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### HYDATIDS OF THE PERITONEUM SUCCESSFULLY TREATED BY ABDOMINAL SECTION.

MR. LAWSON TAIT read a paper on this subject at the meeting of the Midland Medical Society. In the first case, the operation was incomplete, because the hydatid had so matted the intestines together that the larger number could not be removed. All the cysts which could be reached were broken down, and a drainage-tube was inserted in the pelvis from above. The patient's symptoms previous to the operation were very severe, but they rapidly disappeared. The patient completely recovered, and the hydatid masses had entirely gone when she left the hospital, on the twentieth-fourth day after the operation. The second case was of a more simple kind, for the parasites were contained in a cyst in the lower abdomen, which was completely emptied and drained through the wound. The patient made an easy, rapid and complete recovery.—*Medical Times and Gaz.*—*Cin. Lan. and Clinic*, April 22.

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### ABSCESS OF THE PANCREAS.

DR. JOHN SHEA reports a case of this rare disease, in the *London Lancet*. The patient, a woman, aged 29 and married, commenced (fifteen months previous to her admission to the hospital) to suffer from pain in the region of

the liver, increasing gradually in severity and shooting in character. Appetite poor; urine normal; bowels regular and fæces dark. On admission, great tenderness over gall bladder, and jaundice; lungs and heart normal. Under alkaline treatment, with pills of enonymus and henbane, she recovered rapidly, so that in a week she was able to go out. At the end of another week she was quite well, but very weak. In a few days, however, pain over the gall bladder returned, with nausea and vomiting of dark bilious matter, and jaundice. Sinapisms and effervescing medicine were resorted to. Bowels were moved freely, but she continued to grow worse, and lapsed into unconsciousness. All medication proved fruitless, and she soon died. At the autopsy the liver was found large, pale and soft. Pancreas enlarged and hard, being the seat of an abscess, containing pus. A round worm, seven inches long, was found folded upon itself, lying in and obstructing the pancreatic duct, the larger portion of the worm being in the duodenum. Heart somewhat large and fatty. All other organs fairly normal. This case is interesting, particularly in directing our attention to this organ as the seat of some of those obscure cases of disease for which we find it so difficult to assign a cause. Unfortunately, the diagnostic points of disease of this organ are far from accurate, so that in the majority of cases a post-mortem is the only means of making a positive diagnosis. At the same time it is a fortunate thing that affections of this organ are extremely rare.—*Gaillard's Med. Jour.*, April.

### SURGERY OF CYSTS OF THE PANCREAS.

The deep position of the pancreas, the extreme rarity of its diseases, and the difficulty attendant upon their discrimination, render any information upon its lesions and their management exceptionally valuable. Bécourt and Douponchel have described cysts of this organ as large as a child's head; but it is only within the past year that this class of tumors has attracted the attention of the operative surgeon. Kulenhampff, of Bremen, records the case of a man thirty-nine years of age, in whom, at the end of two months, as the result of severe blows upon the belly, received in hoisting a heavy kettle, a tumor made its appearance in the epigastrium. An exploratory incision was made on the 14th of September, 1881, and a few ounces of fluid, which proved to be pancreatic on chemical examination, were withdrawn with an aspirator. Six days subsequently, the abdomen was again opened, the peritoneum was united to the incision, and antiseptic gauze inserted into the belly with the view of exciting adhesion between the sac and the walls of the abdomen. The object having been accomplished in four days, the cyst was laid open, a litre of fluid evacuated, a tent inserted, and antiseptic dressings applied. During the next sixteen days fluid constantly escaped in gradually diminishing quantities, the tumor disappeared, and a fistulous track remained, which, under the application of tincture of iodine and nitrate of silver, had completely closed on the 30th of October. The operator alludes to a case in the hands of Thiersch, in which a cyst of spontaneous origin, and supposed to be connected with the tail of the pancreas, was opened and three litres of chocolate-colored fluid evacuated. The patient recovered, but a fistule remained.—*Med. News*, March 4.

### SPLENIC ABSCESS SUCCESSFULLY TREATED BY PUNCTURE AND DRAINAGE.

At the meeting of the Calcutta Medical Society, January 10, 1882, Dr. Wallace read the notes of this case. Dipo, a Hindoo female, about twenty-two years of age, suffering from loss of appetite, constant lassitude, and marked emaciation; she noticed also that her menses ceased to appear, so that it is now two years since their abeyance. A couple of months before her admission into the hospital, she was troubled with diarrhoea, and occasionally the alvine discharge was largely intermixed with mucus and some blood.



On admission her condition was as follows: Emaciated, anæmic; and feeble looking; pulse small and regular; tongue clean, moist; abdomen somewhat enlarged, left hypochondrium especially; spleen found much increased in size, its margins easily traceable, and reaching to a point an inch to the right of the median line and down to the umbilicus, its lower edge coming as far as the anterior upper spine of the ileum; the organ was tender on pressure, but quite hard. There was no enlargement of the liver, nor could any pain or tenderness be elicited by palpitation over any other part of the abdomen; the heart and lungs were healthy.

*Subsequent Progress and Treatment:*—For a whole month the patient's symptoms, though somewhat relieved, were materially unaltered. On the 23d the fullness and bulging were more decided, and over a circumscribed area of about two inches distinct fluctuation was left, and the presence of fluid diagnosed. A fine exploring trocar was plunged into the swelling, at a point about an inch below the ninth left costal cartilage, giving exit to an ounce of thick, sanguinolent pus. The instrument was withdrawn, and a large-sized trocar was pushed into the abscess cavity, evacuating its contents, which measured eight ounces of similar pus. A stream of weak carbolized water was now injected into the canula, through which, while it was still *in situ*, a caoutchouc drainage-tube was passed into the abscess cavity, being made to retain its position by means of a probe, while the canula was now removed without disturbing the tube. Boracic ointment and carbolized gauze dressing were applied. The operation was followed by complete relief from pain, the temperature became normal, and for the first two days the discharge of pus was so copious as to thoroughly soak the dressings, and any pressure on the tissues surrounding the drain caused a very free welling up of matter. On the tenth day the dressings were removed entirely, the temperature was again normal, and has remained appreciably so ever since. There is a visible improvement in the patient's general health, for, though she is still weakly and thin, yet she suffers no further pain; has had no pain for ten complete days; her bowels are regular, and the motions quite natural; she sleeps and eats well, and besides looking cheerful, is able to move about the wards very comfortably. The size of the spleen is still above normal, but the contraction it has so rapidly and steadily undergone is remarkable, considering its former dimensions. As the patient's health improves, there is little doubt that her menstrual functions will also be restored.

This case is of interest for its rarity, and perhaps also for its success and rapid recovery. Only a few cases of simple acute splenic abscess are on record, and, though cases of acute and chronic inflammation of the spleen are constant enough in every one's practice, suppuration is an almost unlooked-for sequel to these changes. It will be observed that there is a history of dysentery in this case, but Dr. Wallace doubts if the casual occurrence of such slight dysenteric symptoms which never assumed the chronic form had anything to do with suppuration in the spleen, though the frequent association and dependence of the latter upon the former in chronic dysentery and hepatic abscess is a matter that is accepted without any doubt. Incision and free drainage, with antiseptic dressings and absolute rest, constitute seemingly the proper methods of dealing with such a case.—*Indian Med. Gaz.*—*Cin. Lancet and Clinic*, April 29.

#### EXCISION OF CANCEROUS STRICTURE OF DESCENDING COLON BY LUMBAR COLOTOMY.

Mr. THOMAS BRYANT (*Lancet*, April 1), reported the following case to the Royal Medical and Chirurgical Society: A lady, aged 50, with great feebleness and complete obstruction for eight weeks. The stricture could not be felt from below. The diseased segment of bowel was removed through the oblique incision made for left lumbar colotomy, by simply pulling it through the wound and stitching each portion of the bowel with its two orifices as divided to the lips of the wound. The stricture was annular and involved an inch of bowel. It barely admitted a No. 8 catheter. The author believed

the operation applicable to not a few of the cases of stricture of the descending colon; in every such case the possibility of being able to remove the diseased bowel should be considered, and the question of excision should be considered as soon as the diagnosis is made and before the patient's powers are too feeble to bear either excision or colotomy.—*Md. Med. Jour.*, May 1.

### PUNCTURE AND ASPIRATION IN INTESINAL INVAGINATION.

We read in *Paris Medical*, January 28th, 1882, that Dr. Godfrey has treated a case of intestinal invagination as follows: The patient, a man 37 years old, was vomiting a greenish-yellow liquid having a most offensive fecal odor. His abdomen was distended, and very tender to the touch; and distinct fluctuation, together with dullness were perceptible over the entire course of the colon. The umbilical region was somewhat tympanitic. Great tenesmus existed, and the efforts at defecation only resulted in the passage of a little bloody mucus. Having carefully ascertained that no hernia existed, the intestine was punctured, first in the left, then again in the right iliac region, the largest needle of a Codman and Shurtleff aspirator being used for that purpose. More than a pint of liquid, similar to that vomited, was thus withdrawn, and the patient felt somewhat relieved. Vomiting now became less frequent, and finally ceased. Morphine, first hypodermically, then by the mouth, procured sleep, and after three days the intestine had resumed its functions, and in less than a week the patient was again well.—*Med. and Surg. Rep.*, March 11.

### ORGANS OF URINE AND GENERATION.

#### BILHARZIA HÆMATOBIA.

At a meeting of the Pathological Society of London (*Lancet*), Dr. Zancarol showed specimens of bilharzia hæmatobia, from patients dying in Alexandria. One patient was an Arab, who died with dysenteric symptoms. Vegetations were found in the large intestine, which showed bilharzia ova between the glandular and muscular coats. Another specimen was a section of hypertrophied bladder, with vegetations. The mucous membrane was thickened, and in its deeper parts was crowded with ova of bilharzia. The male adult worm of bilharzia was also shown. It was removed from the portal vein of a patient. It was about an inch long. The female is shorter and more slender. Dr. Zancarol stated that the parasites are only found in the portal, mesenteric, hæmorrhoidal and vesical veins. The ova in the urinary tract have a lateral spine; those in the intestine have a terminal spine. He suggested that the parasite, and particularly the ova in the urine, had some influence in the production of vesical calculi. Dr. Zancarol also showed a number of stones from patients in whose urine or bladders bilharzia hæmatobia had been found. Dr. N. Moore stated, that in a patient who acquired bilharzia three years ago, there have recently been found filariæ in the blood during the night. He asked if this had been observed before. These parasites, no doubt, enter the body by the mouth; but he had heard that, in Africa, the natives believe they enter by the urethra, and therefore tie its orifice when swimming. Mr. Bryant asked if there were any special symptoms of the condition of bladder caused by the parasite. Dr. Zancarol had never seen filariæ in natives with bilharzia; but once a friend of his found something very like filaria. The bilharzia exists in Arabs who drink the undistilled water of the Nile, and Europeans are only attacked when they have been found to drink the same water. The chief symptoms of this form of

cystitis is hæmaturia, and the diagnosis is made by the microscope. The best way to find the ovum in the urine is to try to get out some yellow and dirty specks, and in them the ova is sure to be found. The embryos cannot live more than twenty-four hours in the urine; they are like pumpkin skins, surrounded by ciliæ, and possessing active movements. Many patients infested with bilharzia live for years, even without serious suffering, only occasional cystitis and hæmaturia. The disease requires no special treatment: once in the body it is impossible to destroy the parasite; but good hygienic treatment will secure immunity from suffering for years.—*Med. and Surg. Rep.*, April 15.

### FUNGOSITIES OF THE BLADDER.

This case was reported by Walter F. Atlee, A. M., M. D., to the College of Physicians and Surgeons, Philadelphia, March 1, 1882, because it is a rare one, because it is instructive in a practical point of view, and because consultation with most of his works of reference would not assist the surgeon in benefitting a similar case as much as can be done by doing as was done here.

Miss S. B. consulted me in the summer of 1880 on account of painful and frequent micturition with hæmaturia. She was born in April, 1861; her father is a large, strong, and healthy man; her mother died when she was a child, after having suffered from many manifestations of scrofula.

She said she remembered to have felt occasionally a slight pain in passing urine from her earliest recollection. When seventeen years of age she first suffered severely. Her urine then was very light in color, with no sediment, but with a strong odor. The pain was while passing the urine, and after the emptying of the bladder there was a constant desire to pass something more. She became thin, pale, and haggard. When eighteen years of age some pus appeared in the urine, and occasionally a little blood. These symptoms increased to such an extent that she was obliged to keep her bed for several months. This rest, aided perhaps by medical treatment—for she had always enjoyed the care and attention of our most experienced physicians and nurses—made some improvement in her condition, so that she was able again to go out. All the worst symptoms, however, soon returned, and when I saw her in September, 1880, her state was a very serious one. There was constant inclination to empty the bladder, which could not be resisted oftentimes for more than a half hour, and the loss of blood was considerable. The urine when examined at this time showed pyoid bodies, epithelium from the bladder, and crystals of triple phosphate, together with blood-corpuscles in abundance. The blood was of a bright-red color, showing that the urine had not had time to produce those changes in color always produced by long contact with hemoglobin of the corpuscles.

With such symptoms, this case seemed to be clearly one of foreign body in the bladder, and the advice given was to attempt its removal without delay. For this purpose the patient was put under the influence of anesthetics, and the urethra was dilated by means of a pair of ordinary dressing-forceps, introduced, opened, and withdrawn as often as necessary; this being in my experience the best way of effecting this dilatation.

When the finger was then passed into the bladder nothing abnormal was felt—no calculus nor distinct tumors—except that about the fundus were a number of fungosities or soft growths, some of them more than half an inch in length, and about one line in thickness. These were carefully scraped off by the end of the finger and by the finger-nail. This simple operation resulted in the perfect cure of my patient, and until the present time there has been no symptom of a return of her disease.—*Louv. Med. News*, April 1.

### WOUNDS OF THE BLADDER.

In an original memoir (*Revue de Chir.* Nos. 6 and 7, 1881), on penetrating intraperitoneal wounds of the bladder, Professor E. Vincent, of Lyons, states that the operation of laparotomy is the only suitable treatment for such in-

juries when followed by an abundant effusion of urine into the peritoneal cavity. This treatment alone permits—1. Direct inspection of the seat of injury; 2. The determining of the presence and of the nature, if they are present of complications; 3. Removal from the abdomen of effused blood and urine; 4. Cleansing and disinfection of the peritoneal cavity; and, finally, the prevention of further effusion of urine by applying sutures to the wound through the coats of the bladder. This plan of treatment is rendered justifiable by association with the antiseptic method, and also by the success of laparotomy in abdominal surgery. Moreover, in cases of penetrating wound of the bladder, death is an almost certain result if nothing be done, and even if any treatment short of laparotomy be applied. From an analysis of three reported cases in which wound of the bladder has been thus treated (Walter of Pittsburg, Heath, Willett), and also from the results of numerous experiments on dogs, Dr. Vincent has drawn the conclusions that it is of great importance in instances of this injury to have recourse to laparotomy as early as possible, and that in this plan of treatment particular care must be taken in applying the sutures to the vesical wound. His experimental researches have demonstrated, it is stated, that intraperitoneal wounds of the bladder are capable of healing by primary intention if securely closed by suture, and that this union is accomplished very rapidly by all the coats of the bladder, except by the epithelial layer of the mucous coat. The outer layer of this coat and the muscular coat join together very quickly, yet with less readiness than the peritoneal coat, the proliferation of which commences almost immediately after coaptation. The sutures are applied very closely together, and in a double set. In one set—the sero-muscular—each suture is pasted through the peritoneal and muscular coats of the bladder on each side of the wound; in the other set—the sero-serous—the peritoneum only is traversed, a considerable width of this coat being included on both sides, so that when these sutures are tied wide serous surfaces are brought together in close contact. The mucous membrane of the wounded bladder is not included in any of the sutures. Dr. Vincent concludes from his experiments on dogs that by this plan the wound may be securely closed, and that sutures thus applied will resist vesical tenesmus, and any effort of active contraction or of passive expansion that may subsequently be made by the bladder. There need not, he states, be any fear of subsequent perforation of vesical wall, through formation of fistulæ along the track of the sutures or in the intervals, or of any ulterior deposition of lithates around sutures shed into the cavity of the bladder. The sutures, being intraparietal, remain at or near the outer surface of the organ. In cystorrhaphy the author prefers a suture of silver wire or of silk, to one of catgut. The last material breaks too readily, and is likely to melt away too quickly. Before closing the abdominal wound, it is thought necessary to test the security of the vesical suturing by injecting some colored and indifferent fluid into the bladder. From a series of experiments on dogs, Dr. Vincent has made out that gun-shot wounds, also of the bladder, heal by immediate union after application of sutures according to the above described method, unless the deflagration of the powder, or the heat of the projectile, have destroyed the vitality of the tissues at the edge of the wound, and rendered local gangrene inevitable. In such cases, the burnt lips of the perforation should be removed, and adjacent portions of the vesical walls also excised, until the tissues are seen to bleed on section. Dr. Vincent states that, in his experiments on dogs, he has now proved that, as a rule, immediate union results from the immediate application of sutures in intra-peritoneal wounds of the bladder by laceration, and through the action of cutting instruments and fire-arms. In such cases, laparotomy, with suturing of the bladder and removal of blood and urine from the abdominal cavity, is likely to prove successful on the dog, when performed in eight hours and a half after the receipt of injury; but in Dr. Vincent's hands, always failed after an interval of twenty-four hours, the animals having succumbed to urinary poisoning. In conclusion, Dr. Vincent, impressed by the success of his experimental investigations on early laparotomy and stitching of vesical wound, argues in favor of suprapubic over perineal lithotomy, and asks why the former operation, which affords free and ready access, is exempt from the

danger of wounding important vessels, and is less likely to result in phlebitis and septic poisoning, is not more frequently practised.—*London Med. Record. Can. Jour. Med. Sc., March.*

### RADICAL CURE OF VARICOCELE.

Dr. REGINALD HARRISON describes in the *Lancet* a method of treating varicocele which has given him most satisfactory results. The cord is exposed by a verticle incision about an inch in length, the most prominently varicose veins are separated and tied in two places with catgut ligatures. Usually three or four veins require ligaturing. Generally a number of small veins in plexuses or bundles, especially in close proximity with the epididymis, can not be ligatured, and are destroyed by a few light touches with the thermo-cautery, protecting the vas deferens by holding it from behind between the forefinger and thumb of the left hand. The operation is done antiseptically. No sutures are introduced, the wound being left to heal by granulation. The author has operated for a number of years, and has never seen a case in which there was a return of the varicose condition.—*Louv. Med. News, April 15.*

### CATARRH AND IRRITABILITY OF THE BLADDER.

R. Liquor potassæ, ℥x; tr. hyosciamus, ℥xl; infusion buchu, 3 xij. M. Make a draught to be taken three times a day.—*Med. Gazette.*

### DANGERS OF CATHETERISM.

A recently reported case in London, where death occurred as a result of the passage of a catheter, furnishes a lesson for all to remember. It is well known that the introduction of this instrument, even in those of sound and vigorous constitution, has, in not a few cases, been followed by severe rigors and death. Why this should be so is not positively demonstrated, though it would be rational to suppose that its action was due to the impression made on the nervous structure of the sexual organs, and transmitted from there to the vital nervous centres. The nature of the impression we know not; but we do know how to avoid it, and this, after all, is the important practical point. In the London case, after the introduction of the instrument, the man was allowed to walk away and do as he chose. He was soon after taken with severe urethral hemorrhage, which had occurred in a slight degree at the time of the operation, and died in three days. To avoid these accidents, the following rules should invariably be observed, else, if you neglect them, you may, knowingly, be the cause of severe trouble, and may be death: 1. Place the patient in bed, *between blankets*. 2. Warm the catheter to such a degree (by dipping it in hot water or other means) that it will feel warm, *not hot*, to the back of your hand. 3. Oil it well and introduce *without using the slightest force*; if you do use force, you will be very apt to lacerate the urethra, and possibly to produce a false passage, with all its subsequent horrors. 4. Keep the patient in bed, between the blankets, for at least an hour after all the nervous excitement caused by the operation has subsided, and give him a big dose of quinine, from five to ten grains. By observing these simple precautions you will almost never have any resultant trouble from the passage of a catheter in a healthy man.—*Med. and Surg. Rep., March 18.*

### IODOFORM IN ORCHITIS.

The following formula is recommended in orchitis by the *Union Med.*: Iodoform four and vaseline thirty parts. Frictions are to be made with this on the painful testicle in orchitis and neuralgia of the cord, supporting the

organ by a suspensory. If mercurial ointment has been previously used, it must be carefully washed off, lest the iodide of mercury, which is a caustic, might be formed.—*Pittsburgh Med. Jour.*, May.

### SPERMATORRHEA—ERGOT.

Dr. ETIENNE EVETZKY says: *Spermatorrhæa* is a purely nervous disease; still it can be considered here, as is the customary practice. Impotence, of which spermatorrhæa is only a symptom, is characterized by an excessive irritability of the reflex centers situated in the lumbar spine, and governing the act of ejaculation. This condition is due partly to their functional over-use and partly to a congested state of the lumbar portion of the spinal cord. During the night, when the inhibitory function of the brain is suspended, any peripheral irritation in the domain of the genito-urinary apparatus may be sufficient to determine a seminal emission. The fact that it usually occurs during the early morning is due to the bladder being distended with urine, and to sleep being particularly deep at that time. When we use ergot in these cases we must not expect everything from it, and it should be combined with sedatives, tonics, and particularly with local and general electrization. Ergot will relieve the congestion of the spine and at the neck of the bladder; it will also tone up the blood vessels of the urethral mucous membrane. It has seemed to me frequently as if ergot had the power of stimulating the sexual centers.

*Prostatorrhæa* is another symptom of impotence. It is due to congestion of the prostate gland, which results in a catarrhal condition of the follicles, sometime quite severe. Ergot will relieve this symptom, as well as all other vascular disorders peculiar to this disease.

In speaking of the use of ergot in inflammations of the mucous membranes, it was stated that it benefited *leucorrhæa*, *cystitis*, *bronchitis*, *conjunctivitis*, *pharyngitis*, *nasal catarrh*, *gleet* and *gonorrhæa*. In urethral inflammation Curran used injections of ergot, while Eldridge made use of urethral bougies. Negri administered ergot internally during the chronic stages of gonorrhæa, in men as well as in women.—*N. Y. Med. Jour.*, March.

### SPERMATORRHEA—ATROPIA AND MORPHIA.

J. N. ADKINS, M. D., Lampasas, Tex., reports the case of Mr. N., aged thirty years. He was cadaverous in looks, staggering in gait, anæmic and haggard. His semen was wasting nocturnally, and his genitals cold, flabby and damp; his scrotum was relaxed and pendant. Injected hypodermically:

B. Morph. sulph.,  $\frac{1}{4}$  gr.; atrop. sulph.,  $\frac{1}{16}$  gr.

This was given on going to bed each night for ten nights, and the cure was complete.

Spinal congestion being relieved, chronic turgescence of the prostate gland will be relieved.—*Med. Brief*, April.

### SEXUAL DEBILITY—VITALIZED HYPOPHOSPHITES.

Prof. S. R. PERCY, New York, writes: In answer to an inquiry made in the February *Brief*, page 97, for information as to the best remedy for the treatment of sexual debility, it would seem that we should inquire as to the composition of the seminal fluid. From many chemical analyses I have made of the semen taken from the testes of animals, I have invariably found in all of them a nitrogenous alkaloid hypophosphite. In the testes of the horse I have found an active hypophosphite, having as one base an albuminoid, another base an olein, and the third water holding ammonia in solution. That is, the hypophosphite in the semen, which gives to the fluid its whole vitality, is combined with albumen, olein, ammonia, and water, the whole a

nitrogenous alkaloid. Instead of ammonia, the semen of the dog contains lime and a little potash. The semen of the man contains more soda, but lime and potash are present in small quantities. I have examined the pollen of plants, and all I have seen contain the same grand hypophosphite alkaloid. The many investigations I have made in this direction, have given me the fact that all the procreative functions of animal and vegetable life are dependent for their vitality and activity upon the vital hypophosphite in their composition, and if that is supplied in insufficient quantity, the function is weakened, and I think, also, the progeny is weaker. All physicians know that enervating diseases, sloughing wounds, and abscesses, fractures especially, weaken and for a time destroy sexual ability. The same is the result with hard study and prolonged mental effort. A college student acknowledges that he can not attend to these two affairs at the same time. In my hands, and I have had more study on this subject than most physicians, I have seldom failed in such a case as your "subscriber" asks about in restoring to its proper condition that often seen case of sexual debility. I have found no other remedy gives me such universally good results as the vitalized phosphites, because this remedy contains, ready for assimilation, the active vital hypophosphite, just as it exists in the brain, the semen, and the pollen. It feeds the brain and whole nervous system. It is not a stimulant that leaves the consumer in a little quiekened excitement, and much worse off than before, but it adds to the vital energies of the system. With no other remedy I have succeeded in restoring and maintaining vitality. I would refer to the transactions of the American Medical Association for 1872 a prize essay on phosphorus.—*Med. Brief, April.*

#### NERVOUS EXHAUSTION—CELERINA—PHOSPHOROUS AND NUX VOMICA.

A gentleman from Iowa, upon the recommendation of his family physician, applied to me regarding his own health. A married man, about thirty-seven, general appearance good, but he complained of a lameness of the back and sexual weakness. He had suffered from shifting pains in the back for a year or more, and had realized that the back was losing strength and the sexual powers failing. An application of the faradic current revealed a condition of anæsthesia over two or three points in the lower third of the spine; sensibility exceedingly limited over the whole of the lower third. He declared that he had been a vigorous man all his life till within the last year or so, and had enjoyed as strong sexual desires and power as most men, but was now the next thing to impotent. There was scarcely any irritability about the sexual organs, and a great mental as well as physical effort was required to excite the least sexual feeling, and under no circumstance could he acquit himself like a man.

*Treatment.*—We ordered this man to take one dessertspoonful of celerina four times a day every second day. Also ordered him to take comp. phosphorus and nux vomica pills (Warner's), one three times a day every second day—the days he does not take the celerina. This is a daily alternation of drugs. The pills are composed of phosphorus gr.  $\frac{1}{16}$ ; ext. nux. vomica, gr.  $\frac{1}{4}$ ; each pill. I ordered enough of each of these to last one month. On the fourth of February I received a line from the patient saying he was almost well. His back was much stronger and the natural feelings of healthy functions were rapidly returning. I ordered the treatment continued, and feel confident that a radical cure will result. I know the faradic current would aid him materially, but he will recover without it.—*From editorial in Amer. Med. Jour., May.*

#### ATROPIA IN CHORDEE.

The following formula will be found of great value in chordec:—Sulphate of atropia, grs. iv; aq. rosa, ounces ij. M. S. Saturate a little absorbent cotton with the solution, and, after retracting the prepuce, lay it behind the glans penis and push the prepuce over it. Repeat every three hours.—*Gailard's Med. Jour., April.*

## SYPHILITIC AFFECTIONS.

### SYPHILITIC CACHEXIA.—CO. DECOCT. SARSÆ.

It frequently happens, more particularly in systems previously broken down by intemperance or neglect, that syphilis fails to run its usual course. Instead of (as the books tell us it does) eventually getting well of itself in time, after running an active course for some weeks or months, maybe a year or more, some of its manifestations will settle down into a slow, chronic, indolent condition, as it were, and will seem as though they intended to remain forever. Thus *lupus* may have been the chief outward manifestation of the disease. After some months these sores may degenerate into indolent ulcers, over the surface of which may form a hard, elevated, scaly scab, underneath which there is a constant secretion of pus, which, oozing out from some little portion of the scab, will repulsively soil the underclothing.

Or rheumatism in all the joints may remain, to remind the man of his folly, after all the outward manifestations of the disease have disappeared. There are numberless souvenirs of this disease that may exist in the chronic condition referred to, when, from collateral considerations, we have good reason to believe that the active specific poison has lost its virulence, or has been removed from the body. In such conditions, anti-syphilitic treatment, the various forms of mercury, the iodides, tonics innumerable, have all been tried, and yet the obstinate symptoms continue, as uninfluenced by treatment as though you had prescribed *aqua pura*.

If now you will use the compound decoction of sarsaparilla, made according to the Pharmacopœia, in a majority of cases you will derive astonishing results. This treatment of syphilitic cachexia, more particularly of syphilitic rheumatism, has been recently brought into notice again by a writer in an English journal, and it promises great things in this obstinate condition. We do not mean to treat syphilis with it, but do recommend it in this after condition. If chronic ulceration exist, it will be necessary, in addition, to touch them occasionally with a point of lunar caustic.

This decoction contains sarsaparilla, bark of sassafras, guaiac wood, liquorice root and mezereon. To commence with, six ounces should be taken three times daily, and this may be gradually increased to eight or ten ounces. How it acts we do not, of course, know. Professor Carson was wont to ridicule the idea of sarsaparilla purifying the blood, because he laughed at the idea of the *blood becoming impure*. Whether he was right or wrong we will not judge, but we can say positively that compound decoction of sarsaparilla is a very valuable remedy in syphilitic cachexia.

Not only will this decoction be found useful in the condition indicated, but it has also been frequently found beneficial in those indefinite conditions of ill health when no particular disease can be said to exist and yet the individual is not well. It has been found useful in the frequent slight derangements of the aged, and will relieve that condition of malaise so frequently supervening upon imprudence and excess in eating or drinking long continued, but where it has not yet produced any definite disease.—*Editorial in Med. and Surg. Rep.*, April 8.

### SYPHILIS OF THE JOINTS.

Dr. E. H. BRADFORD contributes the following:

RICHET, in 1853, in a monograph, described the effect of syphilitic virus acting upon the joint and altering the synovial membrane and the bony ends of the joints. The bone is affected at the later stages of the disease, and ankylosis may result. Brochin, Simon, Virchow, Hurt, Volkmann, Lancereaux, reported cases, the latter demonstrating the lesions by autopsy. He found the larger joints more liable to be affected than the smaller, and that the knee-joint is attacked by preference. The lesion in the subsynovial cel-



lular tissue is regarded as being gummatous; the synovial membrane was not the only part affected, the cartilages being eroded in places, and a serous effusion in the joint being also noted.

Syphilitic arthropathies develop slowly; they do not tend to suppuration, and under specific treatment may end in recovery. A form of syphilis of the joint is to be met where the disease originates in the bone, this being followed by a hydrarthrosis.

Lücke met with well-marked cases in syphilitic patients, where thickening of the capsule and increase of the synovial fluid was found, the whole disappearing under mercurial inunction. The course of these cases resembled that of the ordinary chronic fungous joint inflammation.

Oedmasson and Risel have both had opportunity of examining cases of the affection, post mortem. The former found among other characteristic syphilitic bone lesions—namely, extensive osteitis, periostitis, exostoses, necrosis—a synovitis of the knee. The latter found, besides extensive evidence of ostitis, gummosa in the fingers and toes, hyperplastic enlargement of many of the long bones, cicatrices of old ulcerations of the cartilages of the size of a pea. In a second case the anatomical appearances were those of an extensive caries of the knee-joint, a condition which developed during life gradually, without suppuration.

Gies, *Deutsche Zeitschrift f. Chir.*, 1881, page 605, classifies the specific joint affections as:—

(1.) Acute, occurring during the first stage of syphilis.

(2.) Arthropathies accompanied by gumma.

(3.) Subacute affection of the joints without marked evidence of gummata.  
—*Boston M. and S. Jour.*, April 20.

### CAN A MAN HAVE SYPHILIS TWICE ?

The man whom we have just seen offers a remarkable example of the occurrence of a second chancre soon after the first. His second sore has been, as I have repeatedly demonstrated, characteristically indurated. He is quite candid, and makes no doubt that this sore was the result of contagion. Yet it is barely a year since he had his first chancre, and this was followed by an eruption, of which he had scarcely got clear when this second sore occurred. The case is proof that man may have an indurated sore on the penis within a year of a former one, but it is not proof that he may have syphilis twice, for this patient has not as yet had any constitutional symptoms as the result of the last chancre. If, however, you ask me for an answer to the general question, Can a man have true complete syphilis twice? then I must reply clearly that he can. Such cases are rare—as rare perhaps as second attacks of small-pox—but they do occur. I am at present attending a gentleman who has a terrible phagedenic chancre and rupial eruption, and who unquestionably had complete syphilis, chancre, sore-throat, and rash seven years ago. I have also a second case under my care, very much milder, but illustrating exactly the same fact, with almost precisely similar dates.

Second chancres are, however, far more common than second attacks of constitutional syphilis. Many of them are the result of fresh contagion, but seem to have no power to produce constitutional symptoms; but others are not from contagion at all, but form in connection with a taint still remaining from the first attack. It is a most important fact that indurations may form in the penis in every respect exactly like Hunterian chancres, not distinguishable in any way, and yet that they may be merely recurred sores, and the products of constitutional taint. I have seen this over and over again; and M. Alfred Fournier of the St. Louis Hospital has written a very instructive paper on this form of sore. In the case of our patient it is obviously impossible to say, after the statement which I have just made, whether or not his present sore is the result of fresh contagion. It may be simply a relapse, or it may be a gumma. He, however, confesses to exposure; and as the sore followed in due course it is probably true that he was afresh inoculated.

Second attacks of syphilis are sometimes, as in the case just mentioned, very severe. The same has, I believe, been occasionally noted in recurrent attacks of variola. As a rule, however, they are mild, or even abortive. Third attacks may even occur; and so may, as we are told, third attacks of smallpox. We must explain such facts, I expect, by reference to individual peculiarity and idiosyncrasy, but it is important that they should be known. The belief that syphilis can occur but once in a lifetime is very widely spread among a certain class of the public. I have watched with amusement the change in expression in many a young gentleman's face when he got my reply to his smiling suggestion—"a man can not, I suppose, have the disease a second time."—Part of a clinical lecture by Jonathan Hutchinson, F.R.C.S., *British Med. Jour.—Cin. Lancet and Clinic*, March 11.

#### EFFECTS OF EXCISION OF SYPHILITIC CHANCRE.

M. MATRIAC reports (*Gazette des Hopitaux*, 1881, No. 7, 10, 14) seven carefully recorded cases in which he excised the initial lesion of syphilis. In six, excision was performed at periods varying from four to sixteen or eighteen days of the appearance of the sore. In the seventh case, the initial lesion was excised about fifty hours after it had been first noticed, and before there was the least trace of glandular enlargement, but in this, as well as in the others, the operation was unsuccessful in preventing further development of the disease.—*London Med. Record.—Indp't Pract.*, March.

#### CRANIAL OSTEOPHYTES IN CONGENITAL SYPHILIS.

At a meeting of the Medical Society of London, Dr. Crocker exhibited an infant, eleven months old, with symmetrical osseous thickenings each about one and one-half inch in diameter, and located on the frontal bone. The anterior boundaries of the fontanelles were thick, but the posterior were thinner than normal, these latter conditions pointing to the possibility of an intermingling of the two affections, rickets and syphilis, since in the latter the edges of the fontanelles, as described by M. Parrot, are nodular and thickened, while in the former they are thin and shelving.—*Lancet.—Med. Record*, March 4.

#### POTASSIUM BICHROMATE IN SYPHILIS.

Dr. J. E. GUNTZ, Dresden, Germany, (*Medical Record*, April 1, 1882,) claims to have obtained very good results in the treatment and prophylaxis of syphilis, by the use of what he calls "chromwater;" that is potassium bichromate dissolved in carbonic acid water. He gives, per diem, three and one-half grains of the salt, divided into five doses, dissolved in a pint and a quarter of carbonic acid water. He claims good results also from this chromwater in diphtheria. The statistics by which he justifies these claims contain numerous possible elements of error in addition to those produced by Dr. Guntz's enthusiasm.—*Chicago Med. Rev.*, April 15.

#### ABORTIVE TREATMENT OF BUBOES.—CARBOLIC ACID HYPODERMICS.

Dr. MORSE K. TAYLOR, U. S. Army, in the April number of the *American Journal of the Medical Sciences*, publishes a paper on the abortive treatment of buboes by injections of carbolic acid.

He reports twenty cases in which he certainly obtained remarkably successful results, and he states that within the last seven years he had treated nearly 150 cases of various forms of lymphadenitis, arising from specific and

non-specific causes; and, where he saw the cases before the formation of pus was well established, he had not failed to arrest the process immediately, and allay the pain in a few minutes. His method is to inject from 10 to 40 minims of a solution containing 8 to 10 grains to the ounce, directly into interior of the inflamed gland.—*Detroit Clinic, April 12.*

### TREATMENT OF PHAGADENIC CHANCRE.

1. Absolute repose, severe regime, laxative drinks, daily baths of two hours, local baths, poultices with charpie soaked in infusion of marsh-mallow.

2. After complete subsidence of the inflammatory symptoms, washes of nitrate of silver, fifteen grains to one ounce distilled water. If this solution seems too irritating, it is diluted.

There are still two local remedies little less beneficial than nitrate of silver, viz.: potassio-tartrate of iron and iodoform. If these fail, it is necessary to fall back on caustics.—*L'Union Med.—Louv. Med. News.*

### SYPHILIS.—IODIDE OF LITHIUM.

Prof. DEISSE recommends the administration of iodide of lithium in the form of pills, in cases of syphilis, where iodine is indicated but where the idiosyncrasy of the patient prevents the use of iodide of potassium or the other ordinary iodine preparations. His formula is as follows: R. Iodide of lithium gr. 23½, powder and extract of quassia enough to make 20 pills. One pill to be taken in the morning and evening. Iodide of lithium is very hygroscopic and must, therefore, be kept in closed boxes.—*Wein. Med. Zeitung.—Med. News, March 11.*

### TREATMENT OF TERTIARY SYPHILIS.

R. Potassii iodid., 3 vss; hydrarg. bin iodide, gr. ij; aquæ distillatæ, ℥ x. M. Tablespoonful to be taken morning and evening.—*M. Hardy, La Feance Med.—New Eng. Med. Mo., April.*

### SYPHILIS.—IRON WITH MERCURY.

By giving iron along with mercury, full doses of the latter may be given to very broken-down subjects without fear. My own individual experience has been that while I use mercury very freely in syphilis, no case of salivation or other mercurial trouble has occurred since iron has been systematically given with the mercury.—*Fothergill in Aids to Rational Therapeutics.—So. Pract., May.*

### SECONDARY SYPHILITIC ULCERS ABOUT THE TONGUE.

R. Hydrarg. iodidi viridis, grs. 6; extract conii., grs. 80. Mix. divide into six pills and order one to be taken every night at bedtime.—*Med. Gaz., March 4.*

### ANTI-SYPHILITIC.

Anti-syphilitic, where Iodide of potassæ disagrees:

R. Sodii Iodid., gr. lx; decoct. sarsp. co., ℥ viij. M. Sig. One-sixth part three times a day.—*Med. Gazette.*

## SYPHILIS OF THE FINGER.

Dr. F. N. OTIS reports eight cases of syphilis occurring in physicians, originating in infection of the finger in vaginal examinations.—*Indep't Pract.*, March.

## AFFECTIONS OF THE EYE.

## SYPHILITIC DISEASES OF THE LACHRYMAL APPARATUS.

Syphilitic lesions of the lachrymal gland, of the lachrymal caruncles, and of the lachrymal passages—all, except the latter, of uncommon occurrence—are treated of by Dr. Charles S. Bull, Surgeon to the New York Eye and Ear Infirmary. Dr. Bull gives a concise summary of the meagre literature of the subject, but his remarks are mostly from a clinical point of view. He alludes to a case of affection of the lachrymal gland in his own practice, in which the organ became inflamed in consequence of extension from an orbital periostitis. The entire contents of the orbit having been removed, to relieve the excessive pain, the gland was found generally enlarged, the hypertrophy being mainly due, however, to an increase of the connective tissue elements rather than of the proper glandular structure. Two cases of gummy infiltration of the caruncles, published by Dr. R. W. Taylor, being the first on record, are quoted in detail, on account of their rarity. Osteo-periostitis gummosa of the lachrymo-nasal canal has not been observed by the author, but Panas, Galezowski, and Larebière are quoted as mentioning its occurrence. Under the head of treatment, the following advice in regard to inflammation of the sac is noteworthy: If the inflammatory action is severe, leading to the secretion of a glairy mucus or muco-pus, with a swelling over the seat of the sac, and there is good reason for suspecting a stricture of the duct, from whatever local cause, in the nose, do not resort to operative interference until internal medication has been tried faithfully. Ophthalmic surgeons are too prone to slit up the canaliculi and incise a stricture of the nasal duct, in cases of syphilitic origin, deeming medical treatment useless in such cases, before even giving it a trial. The use of mercury here must be prompt, and its effect must be rapidly produced, or the disease may extend from the lining of the canal to the bony walls. An excellent method of administering mercury in these cases is to use two drachms of mercurial ointment, by inunction, upon the inner aspect of the arm or side of the chest, and at the same time give the mild chloride internally, in small doses every hour or two, carefully watching for the first symptoms of the action of the drug. In many cases a beneficial effect will be observed on the third or fourth day, and then the mercury may be either entirely discontinued, or given in smaller doses at longer intervals. In many cases complete recovery follows such a course of treatment; all signs of inflammation and obstruction in the duct disappear, and its patency is restored without any incision or probing.—*N. Y. Med. Jour.*, April.

## CHANCRE ON THE LOWER EYELID.

Mr. WHERRY (*British Med. Jour.*) has recently reported the case of a shepherd, aged twenty-three, who had on the conjunctiva of the right lower eyelid, a little to the outer side of the center, an ulcer with an indurated base. There was a good deal of chemosis, but the eye was otherwise healthy. The lymphatic glands of the submaxillary region were large and hard. No history of the mode of infection could be obtained. Secondary symptoms presented themselves five weeks after the primary symptoms began. A similar case is reported in Berkeley Hill's treatise.—*Chicago Med. Rev.*, April 1.

## XANTHOPSIS.

At a recent meeting of the Clinical Society of London (*Lancet*) Mr. W. H. Kesteven read the following notes of a case of xanthopsis. On an exceptionally hot day, last July, a married woman, aged twenty-three, having exposed herself to the full heat of the sun, was seized with acute pain in the occiput, and found that she saw all things red and green. As the pain passed off, in the course of a day or two, this intense coloration diminished. The ophthalmoscope revealed the existence of a large patch of double contoured nerve fibres at the upper part of the disk of the right eye. This, when first seen, was very prominent, and gave evidence of the existence therein of some neuritis. The left disk was normal. The color vision of the left eye was normal, but with the right eye she saw all things yellow. This condition continued for more than three months, and then gradually passed away. The author suggested that the condition might be explained by the violent impression made by the rays of the sun impinging directly on the retina. The case was examined by two other gentlemen, who confirmed the ophthalmoscopic appearances described—*Med. and Surg. Rep.*, March 11.

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## HYPOPYON.

The *Medical Press and Circular* says that Dr. Just recommends *massage* of the globe of the eye, which consists in pressing and rubbing gently the organ with the lower lid intervening. In this way he has succeeded in causing to be absorbed a purulent collection in the anterior chamber of the eye. Another oculist has been able to provoke rapid absorption when the hypopyon was mobile, by making the patient lie alternately upon the right and left side, and causing him to change position every hour.—*Med. and Surg. Rep.*

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## DIPHThERITIC CONJUNCTIVITIS.—SULPHATE OF QUININE.

Dr JOHN TWEEDY (*Lancet*) has had very good results from the local application of quinine sulphate to the conjunctiva in diphtheritic conjunctivitis. He uses a solution of four grains of sulphate of quinine to an ounce of water. The conjunctivæ are washed three times a day with this solution after cooling it with ice. He is inclined to believe that the quinine exerts not only a local but a constitutional effect.—*Chicago Med. Rev.*, April 1.

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## ANTISEPTIC ATROPIA AND ESERINE SOLUTIONS.

KROEMER is of the opinion that the conjunctival inflammation, which is sometimes set up by the use of atropia, is a septic process due to the formation of fungoid growth in solutions which have been long kept (*Klin. Monats. für Augenhilk.*) He found that the addition of salicylic acid to an atropia solution did not prevent it from becoming turbid; that boracic acid had only a slightly preservative effect; but that carbolic acid, in the proportion of 1 in 1000, kept it perfectly clear. Solution of eserine, also, was found to remain clear and almost colorless when treated in the same manner. This proportion of carbolic acid is stated to produce no disagreeable sensation in the eye, and it is said that, since the introduction of these antiseptic solutions, in the clinic at Basle, conjunctivitis from atropia, which was formerly of frequent occurrence, has not been seen.—*London Med. Rec.*—*Med. News*, March 18.

## SCROFULOUS ULCERS OF THE CORNEA.

This is a form of keratitis which often comes under the care of the general practitioner, and as injudicious treatment may lead to the formation of opaque cicatrices, the following recommendations regarding treatment, made by M. Dehenne in *Le Progrès Médical*, may prove of service:

1st. Instill daily into the eye four or five drops of the following collyrium:

R. Atropiæ sulphat. (neutral), gr. j; aquæ destillat., f 3 iiss. M.

2d. Abstain from every form of metallic collyrium, which often leave indelible marks, veritable metallic leucomata. Do not use any collyrium containing eserine, for affections of the cornea are frequently accompanied by iritis, and there would be danger of formation of posterior synechiæ.

3d. Each evening insert between the eyelids, with a small camel's hair pencil, a portion, about as large as a pea, of the following unguent:

R. Hydrarg. oxid. flav., gr. xv; ung. petrolei, 3 ss. M.

4th. Apply four times daily over the eye compresses soaked in warm chamomile tea.

5th. Administer a tablespoonful of cod-liver oil every morning.—*Med. and Surg. Rep.*, April 29.

## GRANULAR EYELIDS.

If on eversion the lids present that peculiar velvety appearance present in granular lids, use some astringent, such as sulphate of copper in crystal, or paint over the surface a solution of nitrate of silver, forty grains to the ounce of water. It might be well also to apply once or twice a day the following ointment:

R. Hydrarg. ox. rub., zinci carb., 55 gr. xv; ext. opii., 3j; pulv. camphoræ, gr. iij; ung. aquæ rosæ, 3 ss. M. Sig. Rub in a small piece on the lids once or twice daily.—*Louv. Med. News*, April 1.

## SULPHATE OF CADMIUM IN CORNEAL OPACITIES.

Dr. MIGUEL, of the Belgian army, uses the following solution: Cadmii sulphatis, gr. 4; mucil. acaciæ, 3 ijsa. With this solution the spot is to be touched several times in twenty-four hours.—*Paris Médical*.—*Med. Record*.

## CYANIDE OF MERCURY IN OCULAR SYPHILLS.

At a meeting of the Société de Biologie, M. Galizowski read a paper on this subject (*Le Progrès Médical*, February 4th). He stated that injections of cyanide of mercury had proved remarkably efficacious in his hands in controlling certain syphilitic troubles in the membranes of the eye. When there was syphilitic atrophy of the optic nerve, or when the disease attacked the choroid or retina, the ordinary preparations of mercury had proved, in his hands, as well as in the experience of others, very unsatisfactory, and the experiments which he had made in conjunction with M. Fournier with the albuminate, had satisfied him that it possessed scarcely any value. He had used the cyanide in many cases of iritis, choroiditis, and even in atrophy of the papilla of syphilitic origin, and the results had been highly satisfactory.

[In the abstract of M. Galezowski's paper, published in *Le Progrès Médical*, no mention is made of the dose. Bartholow says it should be given by the mouth in doses of from  $\frac{1}{6}$ th to  $\frac{1}{2}$ th of a grain.—W. C. D.]—*Va. Med. Mo.*, March.

## GUMMA OF THE IRIS.

In the case of a young man, 20 years old, who was infected with syphilis, a gumma developed in the iris, and continued to grow in spite of inunctions and mercurial baths, until it filled out the anterior chamber. A superficial spot began to undergo cheesy degeneration, out of which a yellowish fluid ran along the posterior surface of the cornea, and was resorbed. Gradually, from this on, the tumor disappeared. As a soft cataract had developed, the patient had to submit himself to an operation, and, later, the pupil being closed, iridectomy was performed, the patient receiving from the two operations tolerable sight.—*Wochenschrift*.—*Atlanta Med. Reg.*

## SULPHIDE OF CALCIUM IN STRUMOUS OPHTHALMIA.

Dr. SIMEON SNELL, alluding to phlyctenular and pustular conjunctivitis and keratitis, writes to the *Practitioner*: The sulphide of calcium will be found particularly serviceable in those cases of children with manifest strumous habit, enlarged cervical glands, swollen face, the eyelids tightly closed, photophobia, and where on opening the eyes a gush of hot tears is emitted, and examination of the ocular surface discloses one or more phlyctenules on the cornea, or it may be merely increased vascularity of conjunctiva. These cases treated by the ordinary constitutional and local remedies are often tedious, but with the sulphide of calcium, coupled with the usual applications to the eyes, such as atropine and warm fomentations of poppy, or what not, frequently quickly yield a happy result. In other cases also of phlyctenular conjunctivitis or keratitis, and not alone in children, the good effects of this medicine are conspicuous. Of course, like all other drugs, it will be hardly likely to be suitable for, or to benefit, all cases, but I have now employed it with good results so frequently that I am quite satisfied as to its being a useful remedy. After little or no benefit with steel in its various forms and cod-liver oil the rapid recovery often after the substitution of the sulphide has been astonishing. The mode of administration is generally in the form of a powder, and from gr.  $\frac{1}{16}$  to gr.  $\frac{1}{4}$  of the sulphide, with a few grains of sugar of milk, are given about three times daily. In this way children take it readily.—*Louv. Med. News*, March 11.

## TUBERCULOSIS OF THE EYELID.

At the meeting of the Société Médicale des Hopitaux, held on February 10, M. Gérin-Rose presented a patient with tubercular granulations on the eyelid. He had a history of hæmoptysis, and had some time before received hospital treatment for the functional symptoms of phthisis, of which, however, no physical signs other than traces of tubercular laryngitis had been detected. He had lost a brother from tuberculosis. The patient, after an interval of good health, re-entered the hospital in last November; laryngoscopic examination showed the vocal cords tumefied, but not ulcerated. Fifteen days after admission, loss of resonance was detected at the left apex with arthritis of the left elbow joint, probably tubercular in nature. The right eye also became red and inflamed, with profuse lachrymation, and on elevating the upper lid, it was seen to be the seat of ulcerative conjunctivitis and granulations of tuberculous nature.—*Bull. Gén de Therap.*—*Med. News*, May 6.

## THE EYE AND SEXUAL EXCESS.

M. LANDESBURG, M. D., writes: N. B., æt. 19, had to give up his position as clerk on account of failing of his eyesight, which gradually developed during the last six months. Every attempt to read a few lines only, or to look intently at a distant object, is punished by the appearance of intense neuralgic

pain, by pressure in forehead and temples, and very often even by nausea. Vacant look is the most agreeable condition, and horizontal position with closed lids gives comfort.

Patient did not hesitate to confess that during the last eight months he had lived with two girls, having sexual intercourse with either once or twice, and sometimes even three or four times a day.

Patient was sent to Lima, crossing the ocean in a sailing vessel. The abstinence during the long voyage was the only, but the most efficacious remedy, which gradually brought about perfect recovery. A slight relapse, due to renewed sexual excesses in Lima, impressed his mind so strongly that he forthwith faithfully conformed himself to the rules of sexual temperance. After two years he presented himself in my office full of life and vigor and with perfectly normal eyes.—*N. Y. Med. Abstract.*

### PURULENT RHEUMATISMAL CONJUNCTIVITIS.

Dr. PERRIN (*Le Progrès Méd.*) recently drew attention to the fact that there exists a purulent rheumatismal conjunctivitis. Conjuuctivitis of this type must be rare. Dr. Perrin's cases seem to give evidence of an unmistakable relationship between purulent conjunctivitis and coexistent articular rheumatism. Dr. Perrin had found good results in these cases from the internal use of salicylate of soda, combined with incessantly washing the eyes by the spray of warm water.—*Chicago Med. Rev. March 1.*

### A DANGEROUS INSTRUMENT.

According to the *Phil. Med. and Surg. Reporter*, a number of high authorities in ophthalmology have called attention to a new instrument called the "eye-cup," which has been imported from France. It is constructed on the principle of an ordinary rubber cupping-glass, but made so as to accurately fit over the eye. By pressing the rubber bulb, and then applying it, the eye is drawn out more or less by suction from its socket. It is claimed that it will relieve the presbyopia of old people, and thus render the use of glasses unnecessary. It has really been known to produce retinal congestion and hemorrhage, as well as lenticular, corneal, conjunctival, and palpebral changes, and in one case total blindness from retinal detachment was the result.—*So. Med. Record, April.*

### INFLAMED CONJUNCTIVA.

A correspondent of the *Louisville Medical News*, describing a visit to the Manhattan Eye and Ear Hospital, New York, supplies the formula of a solution in very common use there for inflamed conjunctiva; it is used with an atomizer in the form of spray:

Tannin, grs. x; sodæ bicarb., grs. xx; glycerin, ʒij; aquæ., Oij.—*So. Med. Record, April.*

### AFFECTIONS OF THE EAR.

#### INJURY OF EAR—ESCAPE OF CEREBRO-SPINAL FLUID.

SCHWARTZE communicates a case of injury, by means of a knitting-needle, of the membrana tympani in the region of the stapes, which was followed by transient syncope, vomiting, no hemorrhage, but escape of cerebro-spinal fluid from the ear. This flow lasted eight days and was so profuse, that there was a continuous trickling. The most violent earache, headache, and vertigo at once set in and were followed by symptoms of cerebral irritation (headache,



photophobia, cutaneous hyperæsthesia, isolated partial convulsions, restlessness, delirium, insomnia with vivid dreams) lasting four weeks. They were ascribed to a febrile (temperature in the beginning above 39° C.) cerebral hyperæmia said to be induced by the escape of the cerebro-spinal fluid. Schwartz leaves it an open question whether there had been a lesion of the labyrinth from the penetration of the needle into the fenestra ovalis or into some other part of the wall of the labyrinth. The possibility is also admitted that the cerebral fluid might have been evacuated through the tegmen tympani, after its perforation by the needle, with simultaneous rupture of the mucous membrane and the dura mater.—*Arch. Otology, March.*

### HYSTERICAL DEAFNESS.—ELECTRICITY.

M. OUSPENEKY, of Moscow, publishes in the *Annales des maladies de Coreille* cases of hysterical deafness. A woman, forty-three years of age, was completely deaf in the right ear for five years, with insensibility of the pavilion and the external meatus; she also suffered from a very troublesome sound of whistling. This deafness came on shortly after an attack of sneezing. There was no existing lesion of the ear, for electricity brought about an almost immediate cure. A hysterical deafness only can be admitted for the perfectly sound condition of the organ of hearing after five years of disease as was the case here, can only be observed in cases with that origin.

Appropos to this the author recalls what Briquet says of hysterical deafness. "The diagnosis and treatment of this anæsthesia are so certain," says Briquet, "that one day when a strange lady, I know not by what chance, consulted me for deafness, I was going to send her to more competent persons when she told me that she was deaf only in one ear, and that was the left, and at the same time she heard whistlings which bothered her very much. This drew my attention. I examined her ear, and found it insensible. I said to the lady, cross the street and ask Mr. Duchenne to relieve your deafness, and you will return in ten minutes. She indeed returned in ten minutes, hearing perfectly, after a few moments use of electricity, and happy to be relieved of the whistling which was so troublesome that she always thought that some one was playing a joke, by standing behind her and whistling in her ear.—*Cin. Lancet and Clinic, April 8.*

### SALICYLATE OF CHINOLINE IN OTORRHOEA.

CHARLES H. BURNETT, M. D., writes; Chinoline is a somewhat distant relation of resorcin. It is a transparent, colorless, oily fluid, sparingly soluble in cold water, but more freely soluble in hot water. It mixes in all proportions with alcohol and ether. It is made from coal tar, is an energetic bacteria poison in a one-fifth of a one per cent. solution, and in the same proportion it prevents lactic acid fermentation. It forms several salts, among which the tartrate and salicylate are both colorless, the former occurring in the form of small acicular crystals, whilst the latter is an *amorphous powder*.

The latter powder is creamy white, has an aromatic odor, and is well adapted for insufflation, being far superior in this respect to resorcin. It is disinfectant, non-irritant, detergent, and quite as healing as resorcin. I have employed it pure, as a powder for insufflation, in several cases of otorrhœa, without ill effect, and apparently with good effect; but the comparatively short experience will not permit very positive assertions in the latter respect. A longer experience with resorcin shows that salicylate of chinoline compares very favorably with it in therapeutic effect, and that the latter is far superior to it as a powder for insufflation. Under the local use of each the mucous membranes are blanched quickly—most so by resorcin—and remain so for twenty-four hours, become cleaner, and cease to pour forth discharge to the extent they did before the application to them of the salicylate of chinoline.—*Cin. Lancet and Clinic, May 18.*

## TUMORS FOLLOWING PUNCTURE OF THE EARS.

WM. ALLAN thus writes to the *Dublin Journal of Medical Science*. The following interesting case came under my care in January, 1882: B. Bahoo, aged sixteen years, presented himself for admission into the Victoria Hospital, in order that he might receive surgical treatment for two large auricular growths. Through an interpreter the following history was obtained: He had his ears pierced for earrings when eight years of age. Shortly after the operation the tumors appeared, and when examined had attained the following proportions: The right tumor, attached to the lobules of the ear, and having cutaneous attachments to the parotid and mastoid regions, measured from above downward nine inches, and in circumference fourteen inches; lobulated, hard and firm to the feet. The left tumor, smaller than the right, and having a somewhat similar attachment, measured from above downward nine inches, and ten inches in circumference. A small portion of the posterior inferior part of this tumor exhibited leucoderma, while the anterior inferior end of the right tumor showed signs of commencing degeneration. After placing him for a few days on preparatory treatment, I ligatured the base of the right tumor with some little difficulty; the first ligature, though strong, giving way. The nutritive supply of the tumor having been interfered with, I dissected it off from its attachments, removing a portion of the ear and surrounding tissue, to prevent, if possible, a recurrence of the growth; weight on removal, two pounds twelve ounces. I repeated the same operation with the left tumor, but passed a double ligature through the centre of the pedicle, on account of its size, tying it anteriorly and posteriorly; weight on removal, one pound twelve ounces. There was a fair amount of arterial hemorrhage, on account of the arteries supplying the tumors being unable to contract; pressure on the common carotid and torsion were of service. The after treatment consisted of rest and a pill containing opium and quinine. The parts were washed daily with carbolic acid lotion and afterward dressed with zinc ointment. No glandular enlargement existed at any time. The growths are probably of a fibro-plastic nature—*Med. and Surg. Rep.*, April 22.

## CALENDULA AND BORACIC ACID IN OTITIS.

Dr. SAMUEL SEXTON (*Medical Record*) claims that the use of a mixture of calendula and boracic acid in aural diseases has yielded good results. The idea is not an entirely new one; the Germans have long used boracic cotton pledgets, and calendula has been occasionally used by the homeopaths. The mixture used by Dr. Sexton is made after the following fashion: Equal parts by weight of calendula and finely powdered boracic acid are taken. The calendula tincture is heated in a water bath at a temperature of 150° F. till it is of a pasty consistency, at which time one half the boracic acid is added; this mixture being evaporated to dryness. The remainder of the boracic acid is then added, and the resulting mixture triturated. Both calendula and boracic acid are antiseptic, and it is probable that calendula singly or in this mixture would be of value as a local application to certain ill conditioned wounds. The homeopaths certainly obtain good results from it.—*Chicago Med. Rev.*, March 1.

## BORACIC ACID IN THE TREATMENT OF FURUNCLE OF THE EAR AND FURUNCULOSIS.

Believing that furuncle is caused by a parasitic protophyte, Loewenburg (*Progrès Medical*) rejects all emollients in its treatment. The organic materials which these contain are food for the parasites, while the heat and moisture which they induce supply the necessary conditions for rapid parasitic growth. He therefore bases his treatment upon antiseptics, and considers boracic acid as among the best of this class of remedies. Without waiting

for the boil to burst, he passes (during local anesthesia) the knife through the summit of the follicle, which is generally marked by a hair, and follows up the course of the root-sheath. After the incision is made the part is immediately fomented with a cold saturated aqueous solution of boracic acid. A simple fomentation of the above, without previous incision, in one case arrested the development of the inflammatory process.—*Louv. Med. News, March 25.*

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#### EAR AFFECTIONS IN CHILDHOOD FROM DENTITION OR A CARIOUS TOOTH.

A considerable portion of the blood supply of the membrane of the drum is derived from an artery that leaves the internal carotid in the carotid canal and proceeds by a very short course directly to its destination. Being thus closely connected with a large arterial trunk, this small tympanal branch of the internal carotid possesses very favorable circumstances for a speedy augmentation of its blood-supply. The nervi vasorum constituting the carotid plexus at this part of its course come largely from the optic-ganglion. On the other hand, the interior dental nerve supplying the decayed tooth, or the gums, as the case may be, also communicates with this ganglion. We thus arrive at a direct channel of nerve-communication between the source of irritation of the tooth and vascular supply of the drum head.—*From "Deafness, Giddiness, and Noises in the Head," by Edward Woakes, M.D.—Dental Cosmos, May.*

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#### DEAF-MUTISM.

Dr. BOUCHERON lately made a communication to the Medical Section of the Paris Academy, in which he expressed an opinion that the co-existent states of deafness and dumbness so often observed is owing to the compression of the acoustic nerve. This compression is the result of the vacuum existing in the cavity of the tympanum. This vacuum causes the external air to press on the membrane, and thus on the ossicula, and finally on the liquid of the labyrinth and the nerve. By frequent insufflation into the Eustachian tube, M. Boucheron succeeds in destroying the vacuum, and thereby the pressure on the nerve, and deafness is cured. M. Boucheron has restored in some cases, to the apparently deaf and dumb, and even idiots, the faculty of hearing and of speech.—*Brit. Med. Jour.—Cin. Lancet and Clinic, April 8.*

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#### TINNITUS AURIUM.—NITRITE AMYL.

Dr. J. D. LITTLEFIELD, of Somerville, Mass., writing to the *Philadelphia Med. and Surg. Reporter*, recommends the inhalation of the nitrite of amyl in the usual doses for tinnitus aurium. He used the remedy upon himself with perfect success.—*New Eng. Med. Mo.*

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#### DISEASES OF THE SKIN.

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##### PECULIAR CONDITIONS ASSUMED BY MALIGNANT DISEASE OF THE SKIN IN DIFFERENT REGIONS.

From Clinical Lecture delivered at the London Hospital by JONATHAN HUTCHINSON, F.R.C.S.

You are aware that it is a doctrine upon which I often insist, that certain differences in the clinical characters of malignant disease of the skin are to be observed in relation with the different surface regions of the body. The

upper part of the face grows rodent cancer; the lips, ears, prepuce, and vulva, a form of common epithelial cancer, which rapidly causes gland disease; the scrotum, the soot-wart, which, after perhaps a long duration, becomes epithelial cancer of the common type; on the legs, as we have just seen, a hard dry papillary growth often precedes cancerous action, and the latter is usually slow and for long, without gland-mischief. I wish now to ask your attention to certain peculiarities of malignant ulceration of the skin of the abdomen. I have at present in my recollection four or five cases in which cancer of the skin of the middle of the trunk showed conditions of which I have never seen the exact parallel elsewhere. In all, the ulceration progressed slowly during many years, caused but little pain, and produced no gland disease. In these features you will say that it resembles rodent ulcer of the face; but the sores produced did not look exactly like rodent ulcer. The amount of induration in the borders and base are far greater, the destruction as a rule, deeper, and above all, at no part, nor in any case was the well known sinous roll of the superficial induration simulated. It would appear that the subcutaneous cellular tissue is involved much sooner and more extensively than in rodent ulcer. There is little or no tendency to healing, which is the superficial form of rodent ulcer we so often see; nor, I believe, is the earliest stage of the disease like that of rodent. Although, however, I insist on these minor differences, it is to be admitted that the disease is, after all the same, modified only by difference of place. This, indeed, is my assertion. I do not recollect to have ever seen the common type of epithelial cancer (wart-growing and causing gland-disease early) on the skin of the chest or abdomen. I exempt the umbilicus from this remark, for here the ordinary type may occur. Well marked rodent ulcer, as denoted by its curled, semi-transparent, hard edge, may now and then occur on the middle of the chest, but I have never seen it on any other part of the trunk. The disease of which I speak is most intractable, and, as far as I have observed, recurs immediately after removal. I treated, twenty years ago, a woman aged fifty, with a sore of this kind in the middle of her back. I was sanguine and she was patient, and I think it was freely cut out twice, and three or four times most liberally destroyed with chloride of zinc paste, but without the slightest benefit. As soon as the sore was nearly healed, it recurred. Almost at this same time, I had under care an elderly gentleman who had an enormous malignant ulcer on the side of the chest, which had been gradually spreading for ten years or more. He was cachectic from the discharge and bleeding, but had no gland-disease; more recently I saw a gentleman from Birmingham, a patient of Mr. Horatio Wood's, who had an ulcer a foot long, and so deep that a fist might have been put into it at any part, and which yet did not prevent him from attending to his professional duties. It had existed for many years, and was supposed to have begun in a mole or *nævus* near the navel. He was fifty-seven years of age, and in fair health, although the discharge was profuse, and there were frequent hemorrhages.

At present, I have under observation an old gentleman, aged seventy, in whom, a little above the cleft of the nates, there is on one side a patch of the size of a halfpenny, which might at first sight be mistaken for a psoriasis. When you touch it, however, it is found to be exceedingly hard, much more so than psoriasis ever becomes. It is not ulcerated as yet, but it has attained its present size in less than six months, and already near to it are some smaller patches, which look as if they might develop in the same way. I much fear that the disease is malignant, and this suspicion had been entertained by high authorities before I saw the patient.—*Med. Gaz.*, April 8.

#### DERMATOLYSIS.

A number of prominent medical men were recently invited to the Ashland House, in this city, to make an examination of Herr Haag, the "India-rubber man," who was lately at the Westminster Aquarium, and is now on exhibition in this city. It is a case of dermatolysis or loosening of the skin, and almost unique. Haag was born in Erlangen, Bavaria, and he has spent

a considerable time in Vienna, where the remarkable elasticity and mobility of his skin attracted much interest among the dermatologists. He is about thirty-two years of age, and has several children, none of whom inherit the father's peculiar cuticle. On this occasion he first took the integument of his chest in both hands, and having drawn it upward easily put it in his mouth. The skin of his arms and legs was then stretched out until he looked like a bat or flying squirrel, and he was also able to draw out that of his nose and chin to a most extraordinary extent. The skin upon his ears, hands and feet also exhibited the same elastic quality. When he was in Vienna a portion of integument about four inches in length was removed from the right arm, and it was found that there was a lack of subcutaneous fat and cellular tissue, which permitted the skin to move very freely over the muscles.—*Gail-lard's Med. Jour.*, April.

### DIPTEROUS LARVÆ, OR "FLESH WORM."

The following case is reported in the *Medical Press and Circular*, April 5, 1882, by Dr. W. M. Whittaker. A girl, aged twelve, thin, pale, and delicate, was brought to me November, 25, 1880, with the following history: Two or three months previously a swelling about the size of a pigeon's egg appeared on the outer ankle of the right foot, causing her some pain and uneasiness in walking. By degrees this tumor slowly moved up the leg and thigh, toward the body, and thence to the right axilla. From this it traveled to the right elbow, and then back to the axilla, the right breast, and finally to the back of the neck on the right side. In this situation a small dark spot appeared in the centre of the tumor, which then subsided, leaving in its place a small welt. The dark spot developed into a small orifice, and the girl, upon pressing the welt, gave exit to a grub, along with some semi-purulent matter. A few days afterward a swelling similar to the first appeared a short distance from the place last named, and again disappeared, leaving behind it a welt as before. To the touch, it felt as if there was a piece of whipcord coiled under the skin, in the subcutaneous cellular tissue. Pressure on the little swelling forced out a white grub, about an inch in length, annulated and alive. The girl said she expected a tumor would next appear somewhere in the sternal region, as she could generally tell, by an uncomfortable or sore feeling, whereabouts it was likely to appear. On December 3 she returned, and informed me that the swelling did appear, a day or two after her last visit, in the lower part of the sternum, from which it traveled to the right axilla and thence to the inferior angle of the right scapula, where it presented the usual phenomena. No cause could be assigned. All the other members of the family are healthy, and the girl enjoyed good health up to the appearance of the first tumor. As long as she was under observation, the phenomena occurred every few days. It may be noted, as a curious fact that all throughout only the right side of the body was affected. The two specimens of grub were submitted to some zoölogists who were unable to give any definite information, beyond assigning the larva to the dipterous order of insects. The largest was 9 mm. in length, and about 2 mm. breadth.—*Med. and Surg. Rep.*, May 6.

### ACUTE FARCY IN MAN.

At a recent meeting of the Pathological Society of London (*Medical Times and Gazette*), Dr. Howard Bendall reported the case of a healthy man, who was inoculated from a horse suffering from farcy. When first seen he was suffering from multiple abscesses, which were chiefly situated in the neighborhood of the joints. Shortly afterward the characteristic postular eruption appeared on the skin, and signs of pneumonia supervened, accompanied by dyspnoea. The dyspnoea rapidly increased, and the patient died comatose. The objects of chief interest at the autopsy were the lungs.

These were both deeply congested, the left lung showing, in addition, extensive lobular pneumonia of the left base. Microscopically, the lungs were crowded with fatty emboli; hence the intense dyspnoea. In addition to this the pus from the abscesses was found to contain free oil in considerable quantity, while sections from the neighborhood of the ulcers on the skin and mucous membrane showed the tissues to be in a state of rapid necrosis, in which almost all the cell elements had disappeared. The tissues in these parts were loaded with amorphous fat granules, of all sizes. Dr. Coupland had seen a similar case about ten years ago. Dr. Bendall called this "farcy," because the nasal symptoms came on early, and were the most marked feature of the disease.—*Med. and Surg. Rep.*, April 8.

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### GLYCERINE IN BURNS.

Dr. JOHN B. C. GRZO, La Fourche Parish, La. (*American Medical Weekly*, March 4, 1882), says that he has used glycerine pure or with equal parts of water, according to the nature of the burn, applied on linen compresses, constantly applied as a lotion to the injured surface. He has also had recourse to a mixture of glycerine and collodion, in the proportion of one part of the former and three of the latter, applied with a camel's hair brush, which has been used in several cases with good results. This preparation is exceedingly supple, does not crack nor scale off from the skin and accommodates itself to muscular action and the movement of the limbs. The results of the application of glycerine in this manner have convinced him that it has some specific action in expediting the cicatrization of burns and scalds, however extensive they may be, and that it prevents in a great degree the unsightly puckering and contraction, which too often interfere with the proper action of joints involved in the accidents. A pledget, having several apertures made in it by a perforator, and thickly spread with cold cream, is applied over the whole surface of the burn; upon this mass of cotton-wadding or pledget a compress of muslin-cotton, at least one or two inches in thickness, is laid and kept saturated with glycerine when needed, the whole dressing being covered by a dry compress and bandage. The cotton-wadding or the muslin-cotton must be moistened with glycerine, three or six times a day, according to the degree of the burn, and the whole dressing removed every twenty-four hours. In winter and when the prostration is great, the application should be warm, and when the surface of the wound is extensive, portions of it should be dressed as fast as exposed.—*Chicago Med. Rev.*, April 1.

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### SCALDS—KEROSENE OIL.

Dr. CHAS. C. DORR, Potsdam, N. Y., writes:—

While steam-yachting on the St. Lawrence, the engineer, in emptying a bucket of live coals over the side, let some water in on the ashes, of course converting it into steam; result was that back of hand and fingers were badly scalded and blistered, as he held on to the bucket. Poured kerosene oil from a lamp, which happened to be handy, over his hand, and got a basin of oil and made him keep his hand in it. In a couple of hours he was comfortable, and in about four hours he voluntarily returned to duty, complaining only of temporary pain when his hand was within the influence of the heat from the boiler. I saw the man on the street the next day, and he said he was perfectly comfortable, and had slept without annoyance from the burn.

I think that, though perhaps not the best, kerosene is a capital application, acting with great promptitude in "drawing out the fire," or inflammation, and if not known, deserves to be, as a handy remedy in case of emergency. I have heard it said to be equally efficacious for cases of freezing.—*Western Lancet*, March.

## LUPUS.

Dr. J. V. SHOEMAKER (*Med. Bulletin*), advises the following: If the patient will bear the use of cod-liver oil internally, give two teaspoonfuls with five drops of dilute phosphoric acid three times daily, as the first step in your treatment. If the above combination can not be borne, give a teaspoonful of the mixture of syrup of the phosphates, with  $\frac{1}{8}$  of a grain of sulphate of strychnia, three times daily. After placing the patient upon this treatment, take a scraper and scrape the surface freely, after which apply with a piece of absorbent cotton the ethylate of soda thoroughly. This preparation I have applied on many cases at the American Hospital for Skin-diseases in this city, with very satisfactory results.—*Louv. Med. News*, April 8.

## EPITHELIOMA—CHLOR. POTASSIUM.

It does not seem to be generally known that excellent results have been obtained recently from the application of powdered chlorate of potassium to epithelioma. The surface of the ulcer should be well cleansed and finely powdered chlorate thickly dusted on it, and be allowed to remain till the next dressing. The application may be made twice a day, the surface being cleaned before reapplying the powder. This treatment is said to relieve the pain, to change the character of the morbid process, and promote healing. The same application may be used in chancre, chancroid, and in unhealthy ulcerations generally, and it has the merit of safety.—*Med. News*, April 8.

## IODOFORM IN THE TREATMENT OF DISEASES OF THE SKIN.

Mr FRASER has obtained very favorable results from the use of iodoform in various diseases of the skin. It may be readily employed in the form of an ointment of any required strength, mixed either with lard or vaseline. The strength of the ointment made use of has ranged usually from ten to thirty grains of iodoform to the ounce of cerate, but double this quantity can be applied. It has proved a most useful remedy in healing local eczematous eruptions occurring in strumous children and young people, as well as in cases of impetigo. Mr. Fraser also directs attention to the properties it possesses in curing porrigo decalvans. The best results he has as yet attained have followed the application of vesicating collodion over the affected spot and for a short distance around it. Previous to this it is well to epilate all diseased hairs over the spot, and when the blister is healing the ointment of iodoform should be applied night and morning, or oftener; by this treatment the hair soon reappears in a healthy condition.—*Brit. Med. Jour.*—*Cin. Lancet and Clinic.*, April 22.

## TREATMENT OF PIGMENTED SPOTS ON THE SKIN.

Dr. UNNA, of Hamburg, recommends the application of simple mercurial plaster, or a plaster made with white precipitate over the colored spots. The skin is first sponged off with cologne water, or alcohol, and then the plaster in narrow strips is applied, and left on during the night. During the day the following pomade, innocuous to the skin, and much used as a face application by the high Society of Vienna, is recommended in the *Berlin Klin. Wochenschr.*:—

R. Bismuth. subnit., 3 iss; kaolin, 3 iss; vaseline, 3 vj to 3 iss. M.

This preparation is applied over the affected parts, and, in conjunction with mercurial plaster, effects a rapid cure.—*Med. and Surg. Rep.*, March 18.

# MIDWIFERY,

## AND DISEASES OF WOMEN AND CHILDREN.

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### NEW METHOD OF PERFORMING THE CÆSAREAN OPERATION.

Dr. FRANK (*Centralb. f. Gynäk.*), thinks we should rather seek to improve the old operation than take refuge in substitutes, such as Porro's. The only advantage of the latter lies in the diminished hæmorrhage; on the whole, the mortality after it is as great as after the Cæsarean section. Drainage is the great desideratum, and a great portion of the article is in praise of Bardenheuer's system of drainage. The procedure is incapable of being carried out, however, in the Cæsarean operation as usually performed. The author's peculiar mode of operating is intended, therefore, to make the uterine wound practically extra-peritoneal. The method consists in opening the uterus low down, and in making a pocket around the incision by bringing the two round ligaments together with sutures of Czerny's silk. A large drainage-tube passes through the lower portion of the abdominal and uterine wounds, and above the tube these two incisions are closed with sutures. The pocket is drained by means of a small tube passed through an opening into the vagina, just in front of the cervix. A third tube lies upon the uterine wound, and extends nearly to the top of the pocket. If the size of the fœtus makes it necessary to extend the uterine incision further upward than usual, or if the round ligaments cannot be approximated through enough of their length without too much tension, exudation of lymph must be trusted to a certain extent to complete the vault of the pocket. A distended bladder will obliterate it; therefore that organ must be kept empty, and the author describes a special form of catheter that he has devised for the purpose. A case is given in which the Cæsarean operation was performed after this manner upon a woman who was hopelessly burned at full term, and evidently had but a few hours to live. The child was alive, but growing weaker, and its extraction *per vias naturales* was found impracticable. The mother survived the operation ten hours, and at the autopsy not a drop of blood was found in the general peritoneal cavity.—*N. Y. Med. Jour.*, March.

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### CEPHALIC VERSION IN THE KNEE-CHEST POSITION.

Dr. JOHN HAGENSTEIN claims that the operation of cephalic version is made comparatively easy by placing the patient in the knee-chest position, thus securing the aid of gravitation. He reports several cases in which this mode of treatment was adopted with complete success. The woman being placed in the knee-chest position, and the position of the child being accurately determined, whether the chin be turned toward the right or left, that hand is introduced whose palmar surface will grasp the vertex most readily, is introduced so as to grasp the occiput with four fingers. If the head is not firmly engaged in the pelvis it is a comparatively easy matter to flex the head on the chest, and thus convert the position into one of the vertex, though some persistent effort, and, in some cases, the application of a considerable



degree of force, may be necessary to accomplish the object. Of course, if the head be already engaged in the pelvis, it must be pressed back before the flexion can be secured.—*Buffalo Med. and Surg. Jour.*

#### ASCITES IN THE FŒTUS, OBSTRUCTING DELIVERY.

Dr. HERMAN (*Med. Times and Gaz.*) reports a case of obstructed delivery from ascites in the fœtus, occurring in a patient, æt. 39, in her eighth pregnancy. The only unusual symptom she had noticed was that she was frequently unwell, when she suffered from faintness, and dimness of sight, and difficulty in moving herself about in bed. The face presented with chin posterior, but quite high up. After a few hours an attempt was made to turn the chin forward and deliver with the forceps. This failing, podalic version was performed; but not until after the fœtal abdomen had been perforated and two or three pints of fluid evacuated was delivery complete. The mother made a good recovery. After delivery the internal conjugate diameter was found to measure three and a half inches. The only abnormality noticed, upon examination of the body of the child, was a cyst in the right suprarenal capsule, which contained blood. This cyst, together with the capsule, was about the size of the kidney, and extended upward so far that it pressed on the portal vein at its entrance into the liver.

Out of ten cases collected of fœtal ascites, four were of inflammatory origin. In three the liver was enlarged, and in one it was indurated. In two the spleen was large. In one there was general dropsy and distention of the bladder, and in three no other morbid signs were recognized. It was found necessary in three cases only to perforate the fœtal abdomen.—*Med. Times.*

#### LABOR COMPLICATED BY AN ENLARGED FŒTAL LIVER.

An unusual complication in labor occurred to-day in the lying-in ward of Prof. Josef Spaeth, K.K., Allgemeines Krankenhaus. The patient was thirty-five years old, a multipara, with no history of previous labor complications. The last pregnancy presented no features worthy of special notice. Yesterday she fell in labor at full term; the bag of waters ruptured early. The diagnosis of head presentation, second position, was easily made, and the heart of the fœtus was heard to beat regularly. Twenty-four hours later, after a tedious first-stage, the head was born, but the trunk did not follow. After waiting some minutes, the midwife called the second resident accoucher, Dr. E. Ehrendorfer, for assistance. Vaginal examination revealed the mouth of the uterus tightly encircling the thorax of the fœtus, while the uterus was tetanically contracted. After ineffectual attempts at extraction of the fœtus, the woman was chloroformed, when the spasmodic contraction at once ceased, and the fœtus was drawn out of the cavity of the uterus dead. The abdomen of the child was enormously distended by a slightly elastic tumor, occupying the position of the liver. The tumor offered far more resistance of the maternal passages than the head. Upon opening the abdomen the liver was found to be immensely enlarged, occupying the greater portion of the abdominal cavity, and infiltrated with syphilitic gummata. The placenta, which came away naturally, presented to the naked eye no abnormal appearances.—*Cin. Lancet and Clinic, April 22.*

#### PREGNANCY COMPLICATED WITH EPITHELIOMA.

At a recent meeting of the Obstetrical Society of London (*Med. Times and Gaz.*), Dr. Edis asked for an expression of opinion on the following case: A woman, aged twenty-nine, married seven years and nine months, mother of one child eighteen months old, came as out-patient, on account of pains and sanguineous discharge, and was found to be six months pregnant. The

whole of the cervix, and the posterior wall of the vagina down to within an inch and a half of the perineum, was affected with epithelioma. The cervix was dense, nodulated, rough, but did not bleed very readily. The whole disease could not be removed by the Porro-Freund operation, and the question was whether to induce premature labor, or to let the patient go to term and perform Cæsarean section.

Dr. Wiltshire thought that if the disease had extended down the posterior vaginal wall nearly as far as the perineum, Porro's operation would fail in removing it. He mentioned a case of excessively dense cancer of the cervix, in which he performed Cæsarean section, some years ago, but in which Porro's operation would have been admissible had it been then in vogue.

Dr. Herman said that published cases showed that the consistence of the growth was of more consequence, as regards delivery, than its extent. Living children had been borne after quick and easy labors; although the whole circumference of the cervix and vagina was cancerous; and, conversely, cancer of small extent might, if very hard, cause great obstruction.

Dr. Priestly agreed with Dr. Herman, that the consistence of the growth was of most importance. He did not think the case suitable for Porro's operation, as the child was not viable at the sixth month, and the mother's life could hardly be prolonged by it. He would chiefly regard the child's life, and would be disposed to let the woman go to full term, or nearly so, and then act according to the amount of obstruction found to exist.—*Med. and Surg. Rep., April 8.*

#### RULES OF PRACTICE IN OPERATING UPON PREGNANT WOMEN.

Dr. A. VERNEUIL (*International Surgery*, vol. 1, p. 334) gives the following:

Operate at once upon those affections which immediately endanger the life of the mother, and against which medical treatment would be certainly or almost unavailing.

Operate also at a suitable time, and after having tried palliative or curative remedies, in those diseases which, though not immediately compromising life, endanger it by their progress, and tend to become incurable if not met with energetic treatment. Operate also in those affections which without disturbing pregnancy and without being aggravated by it, become at its termination causes of dystocia. In these cases the surgeon may operate before or at the very period of delivery, upon the mother or upon the fœtus, the premature expulsion of which may be induced. An attempt should be made to save both mother and fœtus, but this being impossible the latter must be unhesitatingly sacrificed to the former.

Abstain as far as possible from every operation in those affections which are uninfluenced by pregnancy—and which, in turn, only compromise pregnancy and parturition indirectly—by as far as possible allowing nature to act, and by aiding her by mild measures.

Abstain absolutely from every operation for affections which compromise only the form or function of organs of secondary importance, or which are susceptible of spontaneous cure after delivery.

Avoid, as far as possible, every operation during the puerperal state. In case of danger, operate rather during pregnancy, and under opposite circumstances, postpone interference until a period sufficiently remote from delivery.—*Detroit Lancet, April.*

#### HOURLY GLASS UTERINE CONTRACTION TREATED WITH NITRITE OF AMYL.

Dr. FANCOURT BARNES states that he was called to a patient with retained placenta. On his arrival, he found that the patient, a secundipara, aged twenty-two, had been delivered naturally at three o'clock in the morning of a living female child. The midwife stated that she sent for him, because

she had been unable to deliver the placenta. On examination, he found that the umbilical cord had been separated from the placenta. The external os uteri was quite dilated, as was the cervical cavity; but the os internum and the circle of muscular fibres above it, called Bandi's ring, the chief seat of hour-glass contraction, were firmly contracted, and only admitted a finger, by which the placenta could be felt in the uterus. He then learned that the midwife, hoping to accelerate the third stage of labor, had given the patient a dose of ergot as soon as the child was born. He found it impossible to get his hand into the uterus to deliver the placenta. Bearing in mind the remarkable power which nitrite of amyl possesses in relaxing tension in the blood vessels, he determined to test its action on the uterine spasm. The patient had three drops of the nitrite of amyl given her on a handkerchief to inhale, by Mr. Lingard. During the inhalation, the ring of muscular fibres round the os internum, which had been so rigid as to be absolutely undilatable, steadily yielded, until he could pass the whole hand into the uterus and detach the placenta, which was universally adherent. There was no hæmorrhage whatever, and the placenta itself presented a remarkably exsanguine appearance.—*Brit. Med. Journ.—Med. News, May 6.*

#### LACERATION OF CERVIX UTERI IN ABORTION.

Dr. C. M. GREEN reported a case to the Boston Society for Medical Improvement, which was of interest from its bearing on the ætiology of laceration of the cervix uteri. The patient was about three and a half months advanced in her first pregnancy, and when first seen had been suffering with severe uterine pains for an hour. Examination revealed the os to be dilated to half an inch in diameter and the membranes to be protruding. Morphine was given to the extent of preventing sensibility of the pains, but the uterine contractions continued, and the fœtus was expelled one hour later. Examination of the cervix disclosed a bilateral laceration; it was found, too, that the pericranium had been torn from the occiput of the fœtal head, showing that it must have encountered much resistance in its passage through the cervix.

The case, therefore, afforded a fresh illustration of the now well-recognized fact that abortion is very often attended with laceration of the cervix, especially when the labor is rapid; the liability to rupture being greatly enhanced by the fact that the cervix in the early months has not undergone sufficient softening for rapid dilatation.—*Boston M. and S. Jour., April 20.*

#### SUB-INVOLUTION.—ELECTRICITY.

At an adjourned meeting of the Paris Academy of Medicine, Dr. George Apostoli read a communication on the above subject. He remarked that at present histology and clinical observation agree in attributing almost all cases of metritis or uterine engorgement to interrupted uterine involution. He, therefore, proposes as a prophylactic agent in an affection which so often follows labor, the adoption of the following new therapeutic method. He thus expresses himself: A woman having been delivered, whether at full term or not, I immediately apply to her uterus a faradic or induction current generated from a coil made from a short, thick wire, and of progressive intensity. In case of normal and full term labor, I renew this operation eight or ten times within about six days. In cases of difficult or premature labor, I repeat it fifteen or twenty times through a period of from ten to fifteen days. My object is to aid, hasten, and perfect uterine involution, and thus avoid all the complications incident to slow or deferred convalescence.

I propose the introduction in obstetrical therapeutics, of uterine faradization in every case of labor: First, because it is a wonderful method, of easy application, readily controlled, rapid and energetic in its effects, always harmless, and capable of being applied or discontinued at will. And second, because its immediate effects tend to restore the patient's health, while it ultimately guards against all subsequent uterine complications.—*Med. and Surg. Reporter.*

## SUB-INVOLUTION.—ERGOT.

M. C., twenty-three years old, was delivered of her first child December 9th.

Fourteen days later an examination, preparatory to her discharge from the hospital, was made. The cavity of the uterus was found to measure five inches. The patient was advised to remain in the hospital. She was put to bed, and given fluid extract of ergot, twenty minims every three hours, for five days. She was discharged from the hospital twenty-one days after delivery, the cavity of the uterus measuring three and seven-eighths inches.—*Boston M. and S. Jour.*, March 80.

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## EXCESSIVE DEVELOPMENT OF THE BREASTS EARLY IN PREGNANCY.

The *London Medical Times and Gazette* records a case of this kind offered to the Surgical Society of Paris, by M. Monod, in which the breasts had acquired an enormous size by the fourth month of pregnancy. In two former pregnancies, in the same patient, a similar trouble had occurred, and in the second instance large quantities of milk were discharged. In the present case, this unusual development had occurred as early as the second month, and the woman was becoming very thin. The former pregnancies had terminated favorably. The question then arose, as to whether suction or the induction of premature labor was indicated. In view of the fact that suction would have the effect of increasing the secretion of milk, the weight of opinion was in favor of inducing premature labor, if the patient's health should become impaired.—*Med. and Surg. Rep.*

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## STATIC ELECTRICITY AS A GALACTAGOGUE.

Dr. BLACKWOOD reports three cases in which he has obtained excellent galactagogue effects from the application of static electricity to the breasts. In two cases this success followed the utter failure of the other methods of treatment, while in the other case this treatment was the only one attempted.—*Med. Times.*

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## EXCESSIVE FLOW OF MILK.—ERGOT.

Dr. ETENNIE EVETZKY states that ergot checks excessive flow of milk, and is capable of suppressing it entirely. It acts in this manner also on animals. It should be used when the mammary gland becomes swollen and inflamed in consequence of weaning the child or from any other cause.—*N. Y. Med. Jour.*, March.

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## RETENTION OF PLACENTA.

A strongly built middle-aged woman, the mother of ten children, was delivered with instruments by two country practitioners. Being unable to deliver the placenta, she was sent to Prof. Spaeth's Clinic in a very anemic condition. Ten hours after birth, the odor showed commencing decomposition of the placenta. The patient was narcotized and the placenta removed, after which carbolyzed injections and iodoform were used.—*Obst. Gaz.*, Apr.

## HYSTERICAL CONVULSIONS DURING PREGNANCY.

In hysterical convulsions during pregnancy, a very frequent and annoying occurrence among Viennese women, Dr. Braun uses, with great success, the following prescription:

R. Asafœtida, 5; camphor, .5; aqua. font., 200; vitelli ovi., No. 2. D. S. For two clysters.—*Med. News*, March 4.

## CARE IN USING CREDE'S METHOD.

The question as to the best method of treating third stage of labor has lately been again discussed in Germany. Whilst Crede still advocates the employment of his method, of expression immediately after the delivery of the child, Dohrn, Runge, Shultze and Fehling advise that expression be delayed until the placenta has become separated and presents at the os. They claim that the too early employment of Crede's method will frequently cause tearing of the membranes and a consequent retention of portions thereof. In employing Crede's method the uterus should be simply compressed in the palm of the hand, not pressed down into the pelvis.—*Western Med. Rep.*, March.

## SULPH. MORPHIA AS AN OXYTIC.

J. F. GOLDMAN, M. D., Huntsville, Ala., writes:

Some sixteen years ago, I was struck by an incident related to me by a doctor in the far west, illustrating the parturient power of morphia. Said he, "a short time ago, I was called into the country some ten or twelve miles to attend a lady in labor. It proved one of those protracted, vexatious cases, where uterine action was feeble and spasmodic; and to intensify my impatience, ceased altogether. I was busy—many patients awaiting my coming—and I felt that I could not stay any longer, so I gave my patient  $\frac{1}{4}$  gr. of morphia, and told her she would have a good rest for three or four hours, and by that time I would return, and the labor would be completed in good time. There being some delay in bringing around my horse, it was between fifteen and thirty minutes before I mounted. Just as I was turning away, the husband rushed out, telling me his wife was worse, and hoped I would stay a little longer. In no enviable frame of mind I dismounted; and on going to the bedside, found my patient in hard labor, and in a few minutes she was delivered. Half an hour later, I had the satisfaction of remounting my horse, leaving 'mother and child doing well.' "

Since then, I have frequently tested it in my own practice, and with good results. June 30, 1878, was called to see Amanda G., primipara, and a premature labor. The child had been dead for a week, and labor was tedious. Uterine contractions feeble and irregular. Gave drachm and half of ergot, fluid extract, to but little purpose. After waiting a due time, I gave her  $\frac{1}{4}$  gr. of morphia. In a short time pains came on strong, with a speedy delivery.

You will notice that in these cases the dose was small. Had grain doses been given and the narcotic effects of the drug been reached, the results would no doubt have been quite different. The treatment had this advantage; the small doses used cannot injure the patient or prove a detriment to labor, even should they fail to bring on uterine contraction.—*Therap. Gaz.*, March.

## HYPEREMESIS IN PREGNANCY.—ARGENT NIT. TO OS.

Dr. CARL RITTER BRAUN VON FERNWALD was recently called in consultation to a distant part of Austrian-Hungary, to a lady of rank, suffering from hyperemesis in pregnancy. He found the patient in the fifth month of preg-

nancy, very much emaciated from the totally uncontrollable vomiting. The attending physician was urgent in advising the immediate induction of premature labor. Dr. Braun, however, did not approve the suggestion, but caused the vaginal portion of the cervix to be freely bathed in a ten-per-cent. solution of nitrate of silver in water. Five minutes later the vaginal portion of the cervix was well dried to prevent further corrosive action. The vomiting ceased at once, and one hour later the patient asked for a veal cutlet, which she ate with great relish and retained. There has been no recurrence of the vomiting. Dr. Braun is of the opinion that, in general, hyperemesis in pregnancy should not be regarded as an indication for the induction of premature labor, for the reason that he has frequently seen this operation result in death, while he has never seen a case of fatal hyperemesis occurring in a pregnant woman.—*Med. News*, March 4.

### VOMITING OF PREGNANCY.

At a recent meeting of the Obstetrical Society of Boston (*Boston Medical and Surgical Journal*), this interesting subject was under discussion. Dr. Fifield said that for years he had succeeded in controlling the vomiting of pregnancy, either with bromide of potassium or rectal injections of one-half drachm of chloral hydrate. But recently he had a case under observation in which these measures, as well as others tried, utterly failed to give relief; the trouble growing daily worse, until the woman vomited blood. He then introduced Sims' speculum, drew down the cervix, which was found a little excoriated, and covered it thoroughly with nitrate of silver. Bromide of potassium was then given in ten grain doses every two hours. The next day the patient was well. It was the sense of the Society that the vomiting of pregnancy is due to reflex action.—*Med. and Surg. Rep.*, March 4.

### SORE NIPPLES.—TINCT. BENZOIN.

When cracked nipples are not caused by constitutional disease, they should be freely washed with tincture of benzoin. Under this treatment they will generally heal in from five to ten days. The benzoin forms a varnish over the surface of cracks, and this protects them during the act of nursing. The great advantage of the treatment is, that it in no wise interferes with lactation.—*Obst. Gaz.*, March.

### SORE NIPPLES.—BISMUTH.

Dr. FAVRE distinguishes two kinds of this lesion—fissures and erosions; and, believing that the latter are much induced by the modern tight-fitting dresses and the pressure of the corset, warns pregnant women against this mode of procedure. As a means of treatment he recommends sprinkling the sores with bismuth, or employing this as an ointment, in the proportion of two drams to half an ounce of vaselin. In some cases twenty-four hours' application of this means has removed all suffering and allowed suckling to be resumed.—*Med. Times and Gaz.*—*Low. Med. News*, April 15.

### CRACKED NIPPLES.—FORMULÆ.

*Le Paris Medical* publishes a number of formulæ, which are recommended in this complaint:

- No. 1. R. Cosmoline, 3 xiiss; liquid balsam Peru, 3 i. M.
- No. 2. R. Oxide of zinc, 3 i.; cold cream or cosmoline, 5 x. M.
- No. 3. R. Glycerole of starch, 3 viiss; oil of cade, ℥xliv. M.
- No. 4. R. Cacao butter, 3 iiss; oil sweet almonds, 3 ss; extract of rhatany, ℥xv. M.

No. 5. R. Gutta percha, 3 j; pure chloroform q. s. to dissolve.

By anointing the excoriations with this a slight film is formed, which will not become detached even after sucking.—*Med. and Surg. Rep.*, April 1.

### LIGATION OF UMBILICAL CORD.

Professor Lusk in his new work on Obstetrics, after discussing the question for and against the ligation of the umbilical cord prior to cessation of pulsation, draws the following practical observations:

1. "The cord should not be tied until the child has breathed vigorously a few times. When there is no occasion for haste arising out of the condition of the mother, it is safer to wait until pulsations of the cord have ceased altogether."

2. "Late ligation is not dangerous to the child. From the excess of blood contained in the fetal portion of the placenta, the child receives into its system only the amount requisite to supply the needs created by the opening up of the pulmonary circulation."

3. "Until further observations have been made, the practice of employing uterine expression previous to tying the cord is questionable."

4. "In children born pale and anæmic, suffering at birth from syncope, late ligation furnishes an invaluable means of restoring the equilibrium of the fetal circulation."

In view of the present practice of immediate ligation these conclusions are pertinent.—*New Eng. Med. Mo.*, March.

### PUERPERAL HEMORRHAGE.—HYPODERMIC ETHER.

In the *American Practitioner*, Dr. Theophilus Parvin records the following case, in which he obtained most excellent results from hypodermic injections of ether:

Mrs. K., thirty-seven years of age, was delivered of her third child at 7 A. M. The physician in attendance having failed to remove the placenta, and excessive hemorrhages occurring, I was sent for and saw her at 9 A. M. I found her almost pulseless, countenance with a deathlike pallor, bathed with perspiration, restlessly tossing her arms, complaining that she could not see, that she was dying. Whisky and ergot had been given to her freely, and caused occasional efforts of vomiting. My first step was to remove the pillow and bolster from under her head, and to have the foot of the bed raised so as to facilitate the flow of blood to the anæmic brain. Next, placing one hand on the abdomen, I could not feel the uterus. It was without form and flaccid as the abdominal wall itself. The other hand was introduced into the vagina, and from the vagina into the uterine cavity. I found that the cord had been torn loose close to the placenta, in vain efforts to extract the latter, which was free in the uterine cavity. The uterus was completely relaxed, as flabby and soft as a "piece of wet tripe." In vain I sought, by compression and friction through the abdominal wall with one hand, and by movements of the other within the uterine cavity, to excite contractions. I then removed the placenta and injected water at the temperature of 110°, but still there was no response from the muscular fibre of the uterus, although the patient complained of the heat of the water as it flowed out through the vagina, and her exhaustion became still more alarming.

Remembering the very favorable results obtained by Hecker, in uterine hemorrhage, from hypodermic ether, I injected twenty drops of sulphuric ether, and repeated the operation at intervals of from five to ten minutes, until one drachm and a half of the liquid had been thus introduced. Meantime direct stimulation of the uterus by friction and compression externally, and by a hand in the uterine cavity, was continued, and about the time the last hypodermic was used contractions first manifested themselves, and within half an hour the uterine retraction was nearly as complete as is observed after normal labor.

Of course, the patient's convalescence was very tedious. It was three weeks before she could sit up in bed without fainting. Nevertheless, her recovery was uninterrupted.

After briefly discussing the various local measures for arresting hemorrhage, Dr. Parvin concludes by saying, "But, whatever method may be resorted to for the arrest of the hemorrhage, it is of the first importance that the patient should be restored from her profound prostration. Among the means of this restoration probably none is so prompt and effective as hypodermic ether."—*Med. and Surg. Rep.*, April 15.

#### PUERPERAL CONVULSIONS.—PILOCARPIN, CHLORAL, BLOOD-LETTING AND MORPHIA.

Several cases in which pilocarpin, by mouth and hypodermically, was used in eclampsia, are reported with varying results. Langer asserts that it excites uterine contractions and renders them more powerful, and, in two or three cases, as many physicians report a similar result; but Kroner used (*Amer. Jour. Obstet.*) injections of pilocarpin in four cases without any appreciable effect upon the uterus, although the toxic effect of the drug was marked.

The weight of opinion seems to favor chloral in large doses by the rectum. Guyot (France) reports remarkable success, thirteen or fourteen cases being saved. He injected into the rectum from one to four drachms in twenty-four hours. Dr. Goodell believes it is the best single remedy. He directs a drachm by rectum, or twenty grains by mouth, repeated as often as may be necessary, and asserts that he has never lost a case. Other writers are equally laudatory of chloral, while none discard chloroform. With regard to the induction of premature labor in eclampsia, there seems to be a growing sentiment in its favor, and successful cases are recorded.

Blood-letting is apparently growing in favor again. Many writers advocate it, or at least speak of it as a too much neglected remedy. Dr. C. C. P. Clark (*Amer. Jour. Obstet.*) is a strong advocate for the use of morphia in heroic doses. He argues that a woman who bears her pregnancy lightly never has convulsions, hence a prophylaxis consists in removing all irritating conditions. In eclampsia the nervous system is peculiarly tolerant of opiates. Ordinary doses are useless. Inject at once into the arm a *grain and a half of morphia*; should a paroxysm return any time after two hours, repeat the dose. If in labor, repeat the dose in eight hours. He says: "This quantity may look large, but I am perfectly confident, after having tried it many times, that it is perfectly safe. I am almost prepared to swear that twice the quantity, not repeated, would do no harm to a patient in a strongly eclamptic condition."—Dr. Henry Gibbons, Jr., *Pacific Med. and Surg. Jour.—Obst. Gaz.*, March.

#### SEWER GAS AND PUERPERAL SEPTICÆMIA.

Dr. JOHN C. FERRIER reports the following cases in the *British Medical Journal*:

CASE 1.—A multipara was delivered at full term; labor normal. A few hours later she was a little feverish. The next day she had headache and slight abdominal pains; temperature 102.2° F. She continued ill for more than five weeks, with symptoms of blood-poisoning. The temperature was sometimes very high, over 105° on one occasion. After the illness had lasted a few days, she had pleurisy on the left side; and toward the end of the attack abscesses formed in the axilla, groin, labia and gluteal region. There was no sore throat and no pelvic inflammation. She recovered. Two or three weeks before her confinement the trap of the water closet became blocked, and while directing the removal of the obstruction she got a strong whiff of sewer gas and exclaimed at the time that she was afraid it would give her diphtheria. She had been feverish and ill for a week before confinement, and her husband said that she "felt so hot in bed that he was



obliged to move away from her." There was no history of exposure to any other poison than sewer gas. In the same house, two years before, several of her children had diphtheria, from defective drains, but these were put to rights, and there was no further trouble until this last stoppage.

CASE 2 presented much the same history as Case 1. There were no abscesses; severe rigors nearly every day; one wrist joint became red and swollen. Milk was secreted for some time and required belladonna to stop it. She died one month and six days after confinement. There were no cases of infectious diseases in the house, nor could any fault be found with the sanitary arrangements. But a short time before her illness she had noticed a strong smell from a sewer when out walking.

Dr. Ferrier concludes by saying that there was nothing in the history, symptoms or progress of either case to lead him to suspect that any other poison than sewer gas had been at work.—*Med. and Surg. Rep.*, May 6.

### PUERPERAL ECLAMPSIA.

Dr. THEODORE TRUMBULL (*Chicago Med. Jour. and Ex.*) reports a case of puerperal eclampsia in which, failing to observe any decided effect from chloroform (Squibb's), he found the following effective in warding off a second attack:

R. Chloral hydrat., gr. cccxx; potassii bromid.,  $\frac{3}{4}$  j; tr. opii deodorat., fl. 3 iv; aquæ, fl.  $\frac{3}{4}$  iijs. M. Sig. A dessertspoonful in a tablespoonful of water every three hours.—*Louv. Med. News*, May 6.

### DISEASES OF WOMEN.

#### PROLAPSE OF THE OVARY; ITS DIFFERENTIAL DIAGNOSIS.

O. E. HERRICK, M. D., Grand Rapids, Mich., writes:

While the above lesion is comparatively rare, even in gynecological practice, it is still important that we be able to differentiate between it and numerous other abnormal conditions often found within the female pelvic cavity. There are a number of conditions quite similar to, and very liable to be mistaken for, prolapse of the ovary; and, indeed, some of them may be associated with that difficulty, in which case the diagnosis is rendered still more obscure. Among the abnormalities most likely to be mistaken for ovarian prolapse may be mentioned uterine retroversion and retroflexion, cyst of the broad ligaments, uterine fibroids attached to the posterior wall, especially the pedunculated variety, fibrous tumors and cysto-fibroma of the ovary. Dermoid, and, in fact, any and all of the tumors found in that locality, may, when small, be mistaken for, and confounded with, prolapse of the ovary. The inflammatory deposit from an old cellulitis, scybala in the rectum and cancerous deposits have in their turn been mistaken for the ovary in Douglas' cul-de-sac. From the frequency of reported cases of ovarian prolapse and their comparative rarity in female hospitals and in the practice of our most noted gynecologists, together with the limited space devoted to the attention of the subject in all text-books upon diseases of women, I am led to think that perhaps some of the many cases reported as such may be mistaken for, or at least complicated with, some of the conditions enumerated above. The differential diagnosis is rendered comparatively easy, if a few of the following points are borne in mind.

In prolapse of the ovary, we have a small tumor in Douglas' cul-de-sac, extremely tender and painful upon the least pressure, and varying from the size of a small walnut to that of a hen's egg, and about that shape, being always enlarged sufficiently to make it prolapse. It is situated and confined

to one side of the median line in the cul-de-sac, and can be replaced only in the direction from which it is prolapsed. The reason for this is readily seen, when we remember that it is attached by its anterior margin to the broad ligament, and can only become prolapsed by either dragging that ligament down or by stretching it, and hence displacement only occurs when from some cause the ovary becomes enlarged and sufficiently heavy to prolapse from its own weight, or is dragged down by some growth attached to it. Unless it is held down by some growth, or is adhered through inflammation to the surrounding parts, it is easily reduced by putting the woman in the knee-chest position, when it will usually fall back in place by its own weight; if it does not, it is easily pushed back by the finger or sound in the vagina or finger in the rectum, and can be held there by packing the cul-de-sac with cotton or oakum, and then holding it there by a properly fitting pessary or support. The pessary is necessary for the reason that there is usually in such cases more or less displacement of the uterus; as a rule there is retroversion to a greater or less degree. I have given the above description in detail, for the reason that the subject is but barely mentioned in any of the text-books upon gynecology with which I am familiar.

Prolapse of the ovary may be known from retroversion or retroflexion by the absence of that excessive tenderness upon pressure, though there may be and often is moderate tenderness in both retroversion and retroflexion; again, the prolapsed ovary is confined to one side of the median line, while in the other two conditions the opposite is true. As there is generally retroversion accompanying prolapse of the ovary, it is important to distinguish the difference between a retroversion with and one without. Without prolapse of the ovary there is a tumor occupying Douglas' cul-de-sac, larger than the ovary and presenting the round feel of the fundus of the uterus, and not the oval feel of the ovary; it is only moderately tender to touch, as a rule, in contradistinction to the excessive tenderness of the ovary. Again, in most cases of either retroversion or retroflexion, the cervix points more to the anterior than to the posterior wall of the vagina, though it is not so pronounced in retroflexion. The introduction of the uterine sound will also detect either of these conditions; and, lastly, the introduction of the finger in the rectum will always determine the character of the tumor in the cul-de-sac, as it can be thus felt in its entirety.

From cyst of the broad ligament, or other cystic tumors, prolapse of ovary may be known from the fact that these tumors do not prolapse into the cul-de-sac as completely as does an enlarged ovary; besides, these growths are fluctuating in character, instead of hard like the ovary; they are different in shape and not tender. It is scarcely possible to mistake a dermoid growth for the ovary, as they are unlike in shape, and a dermoid could be only partially displaced into the cul-de-sac. Inflammatory deposits can be easily distinguished by their board-like feel and irregular outline, usually filling the greater portion of the cul-de-sac.

Fibroids, and especially the pedunculated variety, are the most likely to be mistaken for a prolapsed ovary, for many times they are nearly the shape and size of the ovary; but, with the exercise of a little care and attention to a few distinctive features, the error may be avoided. A fibroid is not sensitive to the touch; it is much more dense than the ovary, often occupies the median line, and is as liable to move in any other direction as that of the broad ligament. In the pedunculated variety, if the pedicle is long enough to admit of motion, the growth may be found upon one side one day and the other the next; may be in the median line or not; this is never true of a prolapsed ovary. When there is a fibroid growth or cysto-fibroma attached to the broad ligament and complicated with prolapse of the ovary, I can see how any one might be misled in making a diagnosis, and it is important that great care be exercised in examining such cases before a positive diagnosis is given.

The following case is a typical one, and I give it as an illustration:

Mrs. A., of Shelby, Mich., was sent to me for treatment by her father, Dr. Wright, the first of January this year. Her case had been diagnosed as retroversion of the uterus, with prolapse of the ovary, but there had been no

vaginal examination for a year past. She had been affected with uterine trouble for the past ten years with all the usual symptoms, neurasthenia included. At times her nervous troubles were so bad that insanity was apprehended by her physicians and friends. Upon making a vaginal examination, I found only a very slight retroversion of the uterus, but found a small tumor occupying Douglas' cul-de-sac, which, after a careful examination, I had no hesitancy in pronouncing a prolapsed ovary. I placed her in position upon the knees and chest, and reduced the displaced uterus. I then attempted to reduce the ovarian displacement, as per foregoing description, but found that while the ovary could be readily pushed out of Douglas' cul-de-sac, it would not go up entirely out of reach. After working at it a short time the lady complained of so much pain that I desisted for the day, after filling the cul-de-sac with glycerated cotton. The next time I examined the case I passed the finger into the rectum, and, after a long and careful examination, found there was a fibroid attached above the ovary, and it was that pressing the ovary out of place and preventing its being replaced. After treating the case a few days with hot water injections and glycerated cotton tampons, by way of preparation, I made an incision about two inches long through the wall of the vagina, and with a blunt hook brought down the growth, which I found had a pedicle of about two and a half inches, which I ligated with a silk ligature and then cut away the tumor, closing the vaginal incision with three silver wire sutures. The vaginal wound closed by first intention, after which I found no trouble in reducing the displaced ovary, and keeping it there by cotton tampons, which she wore for about a week, having them changed every day. I then adjusted a soft rubber and silver wire supporter with a very thick ring, to take the place of the cotton, and sent her home, with instructions to wear the instrument for a month. Since returning home there has been no return of the displaced ovary up to this time. This case illustrates the danger of mistaking a pedunculated fibroid for true ovarian prolapse. Here was a case where there would have been no displacement of the ovary except for its being dragged down by the weight of the fibroid. The physicians having her case in charge had made this mistake, and I did the same, until I examined per rectum, and came very near not finding it then, although well aware that there was some reason for the ovary not returning to its place.—*Albany Med. Annals, March.*

#### REMOVAL OF BOTH OVARIES FOR INSANITY.

Dr. T. B. WILKERSON, of Young's Cross Roads, Granville, N. C., successfully performed, in a young woman 19 years of age, in August, 1880, the operation of oöphorectomy for insanity, with marked erotic tendencies, of two years' duration. The patient recovered from the operation in three weeks, and in three months sanity was perfectly restored. In a letter to us, under date January 6, 1882, Dr. Wilkerson writes: "I am happy to state that she remains in excellent health, and that she is mentally and physically perfectly restored by the operation. There has been no palling of any of the charms that beautify the female, no change of voice, nor is there any atrophy of the mammae noted. She is fond of society, gay and lively."—*Amer. Jour. Insanity, April.*

#### HERNIA OF THE OVARY IN THE INGUINAL REGION.

A little girl, aged six months, was brought to the service of Prof. Beckel, of Strasburgh, presenting in the left inguinal region a tumor of the size of a pigeon's egg. The skin which covered it was red and inflamed, the tumor itself was hard, very painful, and irreducible. It was situated at the external orifice of the inguinal canal. It was perceived for the first time three months ago, and was then about the size of a nut, and being reduced by a medical man it did not make its reappearance until a fortnight before admission into the hospital. The child cried day and night, vomited frequently,

and got thin. The bowels continued to act tolerably well. On examination hernia of the ovary [was] diagnosed, and chloroform being administered, reduction having become impossible, an incision was made over the tumor, dividing the skin and subcutaneous cellular tissue, when the ovary was brought to view, enveloped in its sac. Incision of this sac gave exit to a few drops of colorless liquid. A silk ligature was thrown around the pedicle, which was formed of the fallopian tube. The wound was dressed antiseptically, and at the end of nine days the ligature fell, and the cure was complete at the end of thirty days. The section of that ovary included half an inch of the fallopian tube.—*Paris Cor. Med. Press and Cir.*—*Louv. Med. News*, March 18.

### SUPPOSED OVARIAN NEURALGIA.

Dr. J. W. McAFEE reports the following case in the *Pacific Med. and Surg. Jour.*, which he considers an inexcusable mistake in diagnosis, and showing the fallacy of treating symptoms. A young lady, aged 22, had suffered for six years from neuralgia of the right ovary. For the first three years the attacks were slight and irregular, gradually increasing both in duration and severity. She had received all kinds of treatment for three years without avail. She finally became quite melancholy. General health and menstruation regular. External examination revealed neither tenderness nor enlargement in the ovarian region. Examination per vaginam showed uterus enlarged, but not painful on probing. Anterior lip of cervix large, dark and congested, posterior completely denuded of its epithelial coat, and covered with large fungoid granulations, which had a tendency to bleed on the slightest provocation. From this granular surface was poured out a thick, tenacious discharge, streaked with blood and pus. After thorough cleansing, iodine was applied, and the parts dressed with absorbent cotton and bismuth cream. Ordered a douche of one gallon of hot water to be used night and morning and discontinued all drugs. The next day the anterior lip of the os was much swollen, dark and tense; with a sharp bistoury he made several punctures, which bled freely and gave much relief. This treatment was continued for ten days without much change. It was now determined to use nitrate of silver. The stick was applied freely to the denuded surface, as well as the cervical canal. It acted like a charm; the improvement was rapid and steady. After a few days the ovarian pain had almost entirely disappeared. After eight weeks of treatment the uterus was reduced to its normal size, discharge disappeared, and the cervix was reduced to a healthy condition. The ovarian neuralgia was completely cured.—*Med. and Surg. Rep.* April 22.

### MULTILOCULAR ADENOID TUMOR OF BREAST.—CARBOLIC HYPODERMICS.

Dr. KENNEDY, Hillsboro, Texas, writes: Dr. Carmichael, of Peoria, Hill Co., Texas, invited me to see Miss J. A., a young lady, eighteen years old, in the full bloom of womanhood and beauty, for my opinion in reference to a very large tumor in her right breast. Her history was good; she had been in good health all her life. Two years since the *catamenia* was established, synchronous with which she noticed a swelling in the right breast. It had been growing for two years, and was now as large as a child's head. She had never suffered any pain in the gland. I diagnosed it to be a multilocular adenoid tumor. I injected about twenty drops of pure, undiluted acid into the most prominent portion of the tumor. The pain was very slight, the anæsthetic effects following immediately the withdrawal of the needle. I used the remedy once a week, from week to week, for two months, at the expiration of which time the tumor had decreased in size from that of a child's head to that of a goose's egg. I now commenced to use the remedy twice a week, and at this writing the tumor is about as large as a hen's egg, and the indica-

tions are favorable for its entire eradication. (NOTE.—In a month after this paper was read the tumor had entirely disappeared).—*Med. and Surg. Rep. March 4.*

### REMOVAL OF BENIGN TUMORS OF BREAST WITHOUT MUTILATION.

Dr. T. G. THOMAS is in favor of removing benign tumors of the breast as a rule, because the mere presence of a tumor in the breast usually renders the patient apprehensive, nervous, and often gloomy, while, with our present improved methods of operating, the patient is exposed to slight risks, the danger of growth of the tumor is removed, and with this disappears at the same time that of the subsequent degeneration of a benign into a malignant growth. If in addition to these advantages, we can add the avoidance of all mutilation to the person, we have strong grounds for departing from the practice of non-interference. The method of operation described Dr. Thomas has practiced thus far in a dozen cases. He distinctly states that it is entirely inappropriate for tumors of malignant character, and that it is applicable neither to very large nor to very small benign growths, being insufficient for the former and unnecessarily radical in its character for the latter. The growths for the removal of which he has resorted to it have been fibromata, lipomata, cysts, and adenomata, and have varied in size from that of a hen's egg to that of a duck's egg or a little larger. The operation is thus performed:

The patient standing erect and the mamma being completely exposed, a semicircular line is drawn, with pen and ink, exactly in the fold which is created by the fall of the organ upon the thorax. This line encircles the lower half of the breast at its junction with the trunk. As soon as it has dried the patient is anesthetized, and with the bistoury the skin and areolar tissue are cut through, the knife exactly following the ink line until the thoracic muscles are reached. From these the mamma is now dissected away until the line of dissection represents the chord of an arc extending from extremity to extremity of the semicircular incision. The lower half of the mamma which is now dissected off is, after ligation of all bleeding vessels, turned upward by an assistant and laid upon the chest walls just below the clavicle. An incision is then made upon the tumor from underneath, by the bistoury, a pair of short volsella forceps is firmly fixed into it, and, while traction is made with it, its connections are snipped with scissors, the body of the tumor being closely adhered to in this process, and the growth is removed. All hemorrhage is then checked, and the breast is put back into its original position. Its outer or cutaneous surface is entirely uninjured, and the only alteration consists in a cavity at the former situation of the tumor. A glass tube with small holes at its upper extremity and along its sides, about three inches in length and of about the size of a No. 10 urethral sound, is then passed into this cavity, between the lips of the incision, and its lower extremity is fixed to the thoracic walls by India-rubber adhesive plaster, and the line of incision is closed with interrupted suture. In doing this, to avoid cicatrices as much as possible, very small round sewing-needles are employed; these are inserted as near as possible to the edges of the incision, and carry the finest Chinese silk. After enough of them have been employed to bring the lips of the wound into accurate contact, the line of incision is covered with gutta-percha and collodion, and the ordinary antiseptic dressing is applied. If the glass drainage tube acts perfectly, there is no offensive odor to the discharge, and the temperature does not rise above 100°; the tube is in no way interfered with until the ninth day, when the stitches are removed. If, on the other hand, the tube does not appear to perform its function satisfactorily, it is manipulated so as to cause it to drain all parts of the cavity, and warm carbolized water is freely injected through it every eight hours. On the ninth day, when the stitches are removed, the tube is removed likewise.—*N. Y. Med. Jour., April.*

## HYPOPHOSPHITES OF LIME AND SODA IN THE TREATMENT OF CANCER OF THE BREAST.

We extract from the Transactions of the Medical Society of Virginia the following remarks from the Annual Address of H. McGuire, M.D., of Richmond, on "Cancer of the Breast." After giving a full account of the etiology, symptoms and treatment of the disease, he gives his experience in the use of the hypophosphites of lime and soda in the treatment of this affection as follows:

"About ten years ago, I began to give my patients, after operating for carcinoma of the breast, hypophosphites of lime and soda, more with a view to its general tonic effects than with any idea of its acting as a special alterative in cases of this malady. I had, at one time, in hospital and private practice, four cases convalescing from the operation of excision of the breast for cancer. They were suffering from the exhaustion consequent upon the operation and confinement, and all of them needed tonics. For some reason, which I do not now remember, I gave two of them iron and quinine, and the other two hypophosphites of lime and soda.

R. Hypophosphite of lime and soda,  $\frac{3}{4}$  ss; dilute phosphoric acid, 3 ss; distilled water,  $\frac{3}{4}$  viij. M. S. Teaspoonful in water three times a day.

The latter improved so much more rapidly than the former, that I could not help being impressed by it. The difference in convalescence, in favor of the two who took the hypophosphites, could not be ascribed to difference in their ages, general health, or surroundings, but appeared to me to be due to the powerful alterative and tonic effects of the hypophosphites of lime and soda.

"Since I first observed the good effect of hypophosphite of lime and soda, I have given it to every patient upon whom I have operated for carcinoma of the breast: and while I have had, of course, many cases of recurrence of the disease, I am satisfied that the return of cancer has, in some cases, been delayed, and in others altogether prevented, by the use of this remedy. I do not think the delay or prevention of recurrence of carcinoma, which has made my operations for this disease in the last ten years more satisfactory than they formerly were, can altogether be ascribed to the greater care I have taken to remove the whole of the diseased structures with the knife, although this is of absolute importance, and without it there can be no hope of a cure; I cannot help believing that, in some measure, it is to be attributed to the use of the hypophosphites. I make this statement in the full consciousness of the criticism to which it subjects me, but with the hope that others will give it a trial. It may lead to the discovery of a better remedy or combination of remedies; and if of no value, it will soon be discarded. In medullary cancer and in sarcoma I have found this agent of no value. In one case of scirrhus in a feeble lady *et. fifty-three*, whose breast I removed in 1875, the lady continued to take the hypophosphites, not by my direction, but of her own accord, for six years, leaving it off occasionally for one or two months. The patient has grown stouter and stronger, and in all respects her general health has improved under the use of this agent, and I mention her case only to show that the prolonged use of the remedy is not hurtful. There has been no recurrence of cancer in this case.—*Pittsburgh Med. Jour.*, May.

## BILLROTH'S OPERATION OF EXTIRPATION OF THE UTERUS.

Dr. R. S. SUTTON writes from Halle, Germany: Fraulein E. Regina, aged thirty-two years, a governess, was admitted to the hospital on account of an abdominal tumor, which, during the last three months, has given her considerable inconvenience. She has suffered from pressure upon the bladder, with a frequent necessity to empty it, although the act itself has been painless. She is most uncomfortable after eating. She menstruated first at thirteen years of age, the flow has always been accompanied with pain. Latterly

she has become sensitive and nervous. She has never been pregnant. The abdomen is enlarged symmetrically. A growth, as large as a child's head, freely moveable, slightly elastic, not fluctuating and painless, is easily felt in the abdomen. A vaginal examination reveals the fact that this tumor and the ureter are intimately united. The preparation for the operation consists simply in the administration of purgatives and the thorough cleansing of the vagina with a three per cent. solution of carbolic acid. The surface of the abdomen was thoroughly scrubbed with soap and water and shaved, afterward washed with a five per cent. solution of carbolic acid. The abdomen was then covered with a piece of mackintosh, in which was an opening through which the spaces between the umbilicus and symphysis pubis protruded. Compresses wrung out of a five per cent. solution of carbolic acid were placed around the opening in the mackintosh.

An incision fifteen centimeters long was now made in the linea alba, beginning just below the umbilicus. Before opening the peritoneum all hemorrhage was arrested. The tumor free from all attachments, excepting the uterus, was with the latter organ drawn through the incision. The broad ligament of the right side was now secured at two points with the clamps, tied in two sections with carbolized silk ligatures cut short, and over a sponge divided with Paquelin's cautery. The left broad ligament was similarly dealt with. The supra-vaginal portion of the cervix uteri was now seized in a strong clamp forceps and a short distance above it tumor and uterus were cut away. Near the margin of the cut surface the stump was seized with a second clamp. The first clamp was now released. In the groove made by the removed clamp the supra-vaginal portion of the neck of the uterus was ligated in three sections; the ligatures were of carbolized silk and were cut short. Between the line of these ligatures and the clamp remaining, the neck was burned off with Paquelin's cautery. The cut surfaces of the broad ligaments were now included together in a small clamp and a ligature applied. The burnt surfaces were removed and the freshened sides left in the most favorable condition to unite. The stump of the cervix was nicely cut off, and the raw surfaces were mopped with iodoform gauze and a small quantity of iodoform was dusted over the parts. With a few applications of the sponge the pelvic and abdominal walls were now closed with four deep silver sutures, secured with lead plates at each end, and with a line of superficial sutures of carbolized silk. The surface was now carefully sponged over with a five per cent. solution of carbolic acid and an antiseptic dressing was applied over the wound and secured by a bandage.

On the day following this operation the patient's temperature was 37° C., pulse 112. The patient passed gas from the rectum. The tongue was moist but she was vomiting. A hypodermic injection of morphia was given, also small pieces of ice. Some iodoform gauze which had been placed in the vagina at the time of the operation was removed, and the vagina was washed out with a three per cent. solution of carbolic acid. On the second day the stomach was perfectly quiet, and there was no elevation of temperature. This state of affairs continued on the third day. On the fourth day she complained of being sleepy, when a small dose of chloral hydrate was followed by refreshing sleep. On the fifth day the deep sutures were removed, and the wound was found entirely united by first intention. On the eighteenth day she sat up out of bed. On the twenty-first day she was discharged.—*Chicago Med. Rev.*, March 1.

#### ENDOMETRITIS.—UTERINE PENCILS.

One of the best uterine pencils for endometritis is a composition of iodoform, sul. hydrastia, 55 gr.ss; cocoa butter, q.s. This should be introduced into the cavity of the uterus with an instrument made for that purpose. It reduces the inflammation more rapidly than medicines given by the mouth. By introducing one of these once a week the discharge will soon cease.—*Phys. and Surg. Investigator*.

## IGNIPUNCTURE IN CHRONIC PARENCHYMATOUS METRITIS.

Dr. OLIVIER makes a variable number of punctures with the thermo-cautery into the cervix uteri, parallel with the axis of the uterine canal. The cautery is never pushed in to a less distance than five millimetres, and and never more than three centimeters. The deeper the puncture, the more marked is the effect in producing contraction of the hypertrophy.—*London Med. Record*.—*Obst. Gaz.*, March.

## TOTAL EXTIRPATION OF THE UTERUS THROUGH THE VAGINA.

Dr. F. MARGARY reports this case: Patient was affected with epithelioma of the cervix. As there was an extreme retroversion of the body of the uterus, it was first luxated posteriorly and brought into the vagina through an incision made in the utero-recto-vaginal septum. The parts were ligated laterally, and the uterus carefully dissected out, and removed entirely, complete hæmostasis being obtained by numerous ligatures. A large drainage-tube was inserted in the vagina, and Lister treatment pursued. The operation lasted nearly an hour, and the woman's condition gave hopes of a successful result.—*Gazzetta Degli Ospitali*.—*Med. News*, April 1.

## DANGERS DUE TO THE SUSCEPTIBILITY OF THE UTERUS.

Prof. VERNEUIL calls attention to the fact that although the uterus can generally be subjected with impunity to the most varied operations, there are yet certain women in whom, owing to a peculiar susceptibility, the most insignificant operations lead to grave accidents. A fatal peritonitis has been known to ensue from the simple vaginal touch. M. Verneuil cites two cases of death occurring in women the subjects of cancer of the uterus; in one an application of perchloride of iron had been made, in the other the part had been lightly touched with chromic acid in order to check fungous projections. After the most simple surgical interference with the uterus it is, therefore, necessary to take the most minute precautions in order to avoid these possible accidents.—*L'Union Medicale*.—*Cin. Lancet and Clinic*, April 8.

## UTERINE FIBROIDS.—ERGOTIN SUPPOSITORIES.

Fibroids of the uterus may often be successfully treated by the use of suppositories of ergotin made according to the following formula:

R. Ergotin gr.  $\frac{1}{2}$ ; cacao butter, gr. xxij; vaselin, q.s. For one suppository.

These suppositories are of equal use in cases of menorrhagia, metorrhagia, and chronic metritis.—*Le Progrès Méd.*—*Louv. Med. News.*, May 6.

## VAGINITIS.—IODOFORM SPRAY.

In the *Journal des Sciences Méd.*, M. Dujardin Beaumetz recommends a new method for the use of iodoform in the case of syphilitic ulcerations, or those attending vaginitis. By means of the spray, he applies on the affected parts a solution of iodoform in ether, of which the following is the formula:

R. Iodoform, gr. xv; ether sulph.,  $\mathfrak{z}$  iij. M.

The spray supplies a regular tenuous deposit of iodoform which reaches every fissure. In this way it is possible to reach those deep ulcerations of the throat which are otherwise so difficult to get at. The cure of vaginitis is explained by the effects of iodoform on the little ulcerations of the vulva, which are almost always a determining cause in all painful contractions of



the ring. Hence, iodoform is of no service in any form of vaginitis, other than that due to ulcerations or fissures. The author has made no experiments with his process on anal fissures, for which he still believes that dilatation is indicated, but he advises its use in the treatment of vaginitis.—*Med. and Surg. Rep.*

#### VAGINAL CYST.

Tumors designated as vaginal cysts, and credited by the few writers making special mention of such growths as among the curiosities of general practice, have as yet received no settled opinion concerning their true pathology, nor have we, from the little known of their clinical history, been able to decide satisfactorily whether they originate as solid fibrous bodies, and pass by inflammatory changes to the fluid state, or are, with much greater probability, essentially cystic from their inception.

In the *American Journal of the Medical Sciences* for April, 1882, Dr. Naylor Bradfield reports a case in which the vagina was found obstructed with a tumor fully as large as a hen's egg, and imparting on the touch an impression very much the same as that induced by any ordinary fibroid. The tumor presented a broad base of attachment with a slight narrowing, or neck like constriction, half an inch below its connection with the vaginal mucous membrane. On puncture, a thick, viscous substance oozed out; the cavity was injected with tr. iodine, and the vagina washed out daily with carbolyzed water and glycerine. After a second opening, necessitated by the refilling of the sac, the tumor entirely disappeared.—*Med. Gaz.*, April 22.

#### OPERATION FOR VAGINISMUS.

Dr. HAL. C. WYMAN reports in the *Detroit Lancet* an operation made for the cure of vaginismus. The operation consisted in the division of the constrictor vaginæ muscles. The left finger was introduced within the rectum, pushing the posterior vaginal wall through the vulval orifice. An incision was then made with a sharp bistoury in the median line of exposed vaginal wall, and carried down to the rectal wall. A pair of scissors curved on the flat was then inserted in the incision, and the constrictors divided above to the os uteri, and below well down the mucous membrane of the perineum. The dissection was not so difficult as anticipated, and was done without injury to the vaginal mucous membrane or rectal wall. The after-treatment consisted in daily introducing a small vaginal speculum, separating the blades two inches, fixing with the screw, and then forcibly withdrawing from the vagina. Six weeks after the operation the patient seemed perfectly restored. Previous to the operation, and for the seventeen years of married life, the patient had suffered nearly every variety of hysteria, and the husband states that the marital act had never been performed, every attempt being thwarted by spasm of the vulvo-vaginal muscles, the moment contact of the genitals occurred. The hyperæsthesia of vulva and vagina was of such unusual degree that the finger was resisted by the external genitals, and anæsthesia was required to make vaginal examination.

Dr. W., says he made the operation, believing the hyperæsthesia of vulva and vagina bore a casual relation to the hysterical or constitutional symptoms manifested by the patient.—*Obst. Gaz.*, April.

#### ACQUIRED HÆMATOKOLPOS.

Prof. C. v. BRAUN brought before his class, a few days since, a woman with a somewhat anomalous affection. The woman, twenty-one years old, a native of Galizien, had been delivered, four months previously, of a healthy child; the puerperal process was protracted and severe. When she had fully recovered, and was again restored to life and health, her husband found the

vagina had disappeared. His discovery was confirmed by Dr. Braun's examination before the case. The introitus vagina was entirely closed by a membrane of cicatricial connective tissue. Examination, per rectum, revealed an empty uterus, and the portion of the vagina above the membrane filled with about one-third litre of menstrual blood. In this manner, an acquired hæmatokolpos simulated very closely the congenital affection.

The condition is easily explained, when we consider that rents in the vagina, where there is such a rich formation of connective tissue, can readily heal in such a manner as to produce complete occlusion of the canal. The treatment of the case was very simple, consisting in scarification of the membrane, and in its removal by the fingers.

Dr. Braun said that, up to the present time, he had operated upon some ten cases of congenital hæmatokolpos, but had never seen such a case as the present one, and indicated, by this fact, its rarity.—*Med. News*, April 8.

### SOUNDING THE URETERS OF THE FEMALE BLADDER, WITHOUT PREPARATORY OPERATION.

Dr. PAWLICK, Universitäts Docent, formerly an assistant of Dr. Carl Braun, read a paper, recently, in Salzburg, upon this subject. He found that when a woman was placed in the knee-elbow position, and the posterior vaginal wall was drawn upward, compressing the rectum, by means of a Sim's speculum, the trigonum vesicæ and the entrance places of the ureters were plainly visible. It is then not difficult, with a specially designed catheter, to sound the ureters.

Dr. Pawlick demonstrated his proposition upon two women, whom he brought with him. He was able, in both cases, in a short time, to sound the ureters with perfect safety.—*Med. News*, April 8.

### PROLAPSE OF THE URETHRA IN A YOUNG GIRL.

Dr. V. INGERSLEY reports the case of a girl, ten years of age, who attempted to stop laughing by stuffing a handkerchief into her mouth. She immediately had a sensation as if something had broken between her thighs, and soon afterward felt something which was not there before. The labia were separated by a reddish blue tumor, the thickness of the end of the index finger, about a centimetre in length, with an opening at its free end. There was a frequent desire to urinate. The mucous membrane was easily reduced under chloroform, but gradually reprotuded. Reposition was effected, tannin was applied and the vagina was tamponed. Prolapse again occurred. A soft catheter was then introduced, passed through a cork which was secured close to the urethral orifice. The prolapse still recurred. The protruded portion was then cut off and four sutures were passed, so as to sew the urethral orifice to the mucous membrane of the vulva, and a soft catheter introduced. The sutures were removed in eight days, at which time there was no prolapse. Ten days later, another prolapse, 1 ctm. in length, occurred. This was cut off without suturing, and no catheter was introduced. Eight days later the wound had healed and the prolapse has not recurred.—*Hospitals-tidende and Mordiskt Medicinskt Arkiv*.—*Med. Record*, May 6.

### PROLAPSE OF THE BLADDER.

J. M., aged thirty years, had previously given birth to six children. Although momentarily expecting to be confined, she was obliged to keep at her work. After a hard day's washing she noticed something protruding from the vulva. On first examination a rounded mass was seen, which was thought to be the bag of the unruptured membranes. The patient was having pains with regular intervals.

The os admitted the finger, and through it could be felt the presenting head just above the pelvic brim. The membranes could be felt lying tightly over the head. The tumor took origin from the anterior wall of the vagina. It was a thick, fluctuating mass, projecting two inches beyond the labia, and as large as the fist. A catheter was inserted into the urethra, and passed directly downward into the tumor. Half a pint of urine was drawn off. By pressing back the head the bladder could be replaced, but showed a tendency to prolapse. The patient was admitted into the hospital and perfect rest in bed required. This treatment was so effective that there was no return of the prolapse, and she was delivered six days later after a normal labor.—*Boston M. and S. Jour.*, March 30.

#### DILATATION OF THE URETHRA.

Gynecologists have been busy to learn the capacity of the urethral canal, as to the extraction of foreign bodies from the bladder, and at the same time other incidental questions arise. Does the dilatation of the urethra increase the incontinence of the urine? We think it pretty well established that in many cases of incontinence, dilatation overcomes the incontinence. This seems to be the case where there is irritability of the passages, particularly in the case of minute caruncles. In a recent number of the *American Journal of Obstetrics* (October, 1881), Dr. Dunlap, of Springfield, Ohio, relates a case of removal of stone from the female bladder by the forceps. The urethra was moderately dilated with the forceps, but the stone was gradually withdrawn, much as the child's head passes in a tedious labor. The parts were put on the stretch, and by steady manipulation the stone was finally extracted. The stone thus removed, measured  $1\frac{1}{2}$  inches by  $2\frac{1}{4}$  inches. The practical point in this case is the remarkable extent to which the canal permitted dilatation, allowing a body of more than two inches in diameter to pass, and yet the structure of the canal was not impaired, and its functions as to the urinary discharges and its normal control were not materially interfered with. This teaches us that the urethral canal has remarkable dilatability, and for surgical purposes this may be had in regard as an important factor in surgical procedures without impairing the integrity of that organ.—*Obst. Gaz.*, March.

#### PAPILLARY GROWTHS IN THE BLADDER.

Dr. W. F. ATLEE, of Philadelphia, has reported a rare case of excrescences in the female bladder which he has successfully removed in a very simple way. An unmarried lady, nineteen years of age, consulted him in the summer of 1880, describing symptoms of pain in passing water, which, originating in early life, had increased with her years, until at seventeen she suffered severely during each act of micturition. At eighteen she had pus in the urine, and sometimes blood, and often was confined to her bed for some months. Dr. A., having anesthetized his patient, dilated the urethra with dressing forceps and then passed his fingers into the bladder. He found no foreign bodies, but at the fundus a collection of papillary growths, some more than half an inch in length and about a line in thickness. Finding them soft and yielding, he used his finger and finger nail, and removed them all thoroughly. Since that time the patient has had no untoward symptoms, and the case is reported as one of radical cure. Attention is called to the fact that in the systematic text-books the treatment recommended is usually palliative, whereas a permanent cure can be easily accomplished with comparatively little risk to the patient.—*Bost. Med. and Surg. Journal*, March 30.

#### HYDRO- AND PYO-SALPINX.

At a recent meeting of the London Pathological Society, Mr. Lawson Tait exhibited twelve specimens, with the object of directing attention to the pathological anatomy of diseased Fallopian tubes. The patients had, with

one exception, been married and pregnant, but had been long under treatment for menstrual irregularities and distress. As bearing upon the etiology of such affections, it was observed that the cases (nine in number) had each given a history of some previous pelvic inflammation, of pain on exertion, during sexual intercourse and menstruation, and of tender, fluctuating, localized swellings on the sides of the uterus. The treatment recommended was excision of these uterine appendages. Tapping was held to be difficult, and, if practised, useless. All of the operations proved successful, and the patients (twenty-two in number) were completely cured. Menstruation was stopped, but the marital function was restored. Ovaritis is named as the primary disease, the inflammation extending progressively along the tube to its uterine extremity. In commenting on these cases, Mr. A. Doran alluded to the falsity of prevailing opinions as to the relation in position between the ovary and the fimbriæ of the Fallopian tube. Instead of overhanging the ovary, the fimbriæ lie beneath or to the outside of it, and therefore the "*morsus diaboli*" is a delusion. The ripe ova have simply to drop into the tube, and they may be fortunate enough to fall at once among the spermatozoa. Pathological anatomy corroborates this view, for, when adhesions take place between the ovary and the fimbriæ, the latter underlie or are to the outside of the former.—*Lancet*.—*Med. Record*.

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#### CASE OF PYOSALPINX BURSTING INTO THE ABDOMINAL CAVITY.

Dr. H. BURNIER reports a case of right-sided purulent salpingitis with the termination just mentioned. (*Zeit. f. Geb. u. Gynäk.*, Bd. vi., Hft. 2.) A woman sixty-nine years of age, suffering from prolapsus uteri, died soon after admission to the hospital. In the right side of the pelvis a pus-cavity was found communicating with the right Fallopian tube. The portion of intestine attached was thinned at several points, and actually perforated at one. Burnier believed that the metritis and endometritis resulting from the prolapse had given rise to the purulent salpingitis. The free end of the tube was closed, and the consequent accumulation led to rupture. Eleven days before death the patient suffered from tolerably well-marked symptoms of peritonitis. It was probably at this time that the rupture took place.—*Canada Med. and Surg. Jour.*, March, 1882.

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#### TREATMENT OF CYSTS OF THE LABIA MAJORA.

After trying a great number of fluids, chloride of zinc among the rest, M. Chéron finds that none acts so well as the liquor de Villate (liq. plumbi subacetatis, 120; zinci sulph., 60; cupri sulph., 60; acidi acetici, 800), either pure or mixed with one-fifth of distilled water. A gram of this fluid should be injected without removing any of the contents of the cyst.

The patient does not ordinarily feel any pain from the operation, but occasionally a burning sensation may be experienced for a few hours. On the next day, or next but one, when the tension in the cyst has subsided, another gram of the liquid is injected, and the operation is repeated three or four times during the week. The cyst is then left untouched, and it will be found gradually to diminish in size until there is only a small indurated mass left, which undergoes resolution after the application of the unguentum extracti digitalis, made according to the following formula:

Extract digitalis, gr. ix; vaselin, 3 x. Sig. A piece the size of a pea to be rubbed in morning and evening.—*Le Progrès Méd.*—*Louv. Med. News*, March 25.

## HYDROCELE IN THE FEMALE.

The following is taken from the *Edinburgh Medical Journal* for September: "Case of Hydrocele in the Female. By Joseph Bell, F.R.C.S.E., Surgeon to the Royal Infirmary. For a very elaborate, interesting and exhaustive account of the literature of this rare malady, we would refer to the July number of *American Journal of Obstetrics*, and in it to an article by Dr. W. C. Wile, of Sandy Hook, Ct. The literature is very scanty, and recorded cases very few, so the following may be of interest: Miss S., æt. 45, consulted me in 1880 regarding a tumor, supposed to be hernial, in the right labium; it was about the size of a turkey's egg, tense and at times painful. More than once it had been supposed to be strangulated and attempts at reduction made. She had been ordered trusses, but could not wear them. Menstruation was regular and seemed to have no effect whatever on the size or symptoms of the tumor. Though it extended up into conial it derived no impulse from coughing if the uterine ring was supported, i. e., there was no fluid communication with the periosteum. I at once tapped it with great relief to the tension, and drew off about ten ounces of straw colored fluid exactly resembling that of hydrocele in the male. This was followed by great relief, but the reappearance of the tumor in a few weeks. A second tapping had the same result, so on a third occasion I tapped and then injected into it two drachms of the tincture of iodine of the Edinburgh Pharmacopœa with the result of a speedy and permanent cure."—*New Eng. Med. Mo., March.*

## FLUSHINGS AND NERVOUS SENSATIONS OF HEAT IN WOMEN AT THE MENOPAUSE.

The feelings of heat and flushings so often felt in women when approaching their menopause, have not received the attention from writers that their importance demands. Dr. F. A. Castle recently read a paper before the New York Academy, in which these unpleasant symptoms are described and treated. These feelings occur frequently in the female alluded to, and last from a few minutes to an hour. Throbbing pain followed by free diaphoresis, are frequent concomitants. Palpitation of the heart and restlessness at night are also present.

For the relief of these symptoms, Tait and Barnes suggests free purgation by drastic remedies and the subsequent use of bromide of potassium. Ringer, on the other hand, recommends the use of amyl nitrite either by inhalation or by the stomach. In consequence of this substance acting so differently on different subjects, it is necessary to begin with exceedingly small doses. He dissolves ten minims of the amyl nitrite in one drachm of rectified spirits, and gives from three to five drops of this on sugar every third hour, with an additional dose as soon as the flushings begin. Relief will sometimes be almost immediate, but often may not be obtained for a week.

Dr. Castle has found arsenic the best article to control all the nervous symptoms of this condition. This may be given in the form of Fowler's solution; from three to six drops may be given in a little water three to four times a day after taking food.

Dr. F. Barker, in the discussion following, said that he believed arsenic was the most efficient nerve tonic to control these disturbances we possess. In those cases where there was a prolonged loss of blood from the vagina, but small in amount each day, he thought arsenic almost a specific. He, however, frequently prescribed free purgation in cases where hemorrhage did not exist.—*Pittsburgh Med. Jour., May.*

## SYMPHYSEOTOMY.

Dr. MORISANI gives statistics of fifty cases, in which symphyseotomy has been performed at Naples. Forty-one out of fifty foetal lives were saved by the division of the symphysis. The method resorted to by Morisani, in perform-

ing symphyseotomy, is as follows: A small, crochet-shaped, blunt-pointed knife, curved, and cutting on its concaved edge, is used. It is known as the *falcetta di Galbiati*. An incision of from 3 to 5 centimetres is made just above the symphysis pubis. The articulation is gradually reached, the *falcetta* is slipped along the posterior surface of the symphysis, and, once the lower edge of the symphysis is reached, the cutting concavity of the instrument is hooked under the interpubic cartilage, which is then cut through from below upward. If the uterine contractions are strong, the expulsion of the child is then allowed to take place spontaneously. If they are feeble, or the head does not descend, the forceps is applied. Lastly, the wound is dressed, and immobility of the pelvis secured by an appropriate bandage. The operation of symphyseotomy has been performed in the obstetric clinic and maternity ward of the hospital for incurables at Naples. The period traversed is from 1868 to the end of December, 1880. The chief operators were Novi, Martini, and Morisani.—*London Med. Record*.—*Med. News*, March 18.

### UMBILICAL FISTULA.

The patient a young woman, some two months previous, had been through perimetritis, peritonitis and the rest of the category after childbirth. A month previous to first visit, noticed a discharge from the umbilicus which was generally watery and light in color. Examination showed a fistula at the left and very close to the umbilicus. Edges somewhat puckered and reddened. Probe passed into the sinus five centimeters without meeting any obstruction. Powdered iodoform was dusted on and adhesive plaster applied. At the expiration of two weeks the discharge had ceased and the orifice was contracting. No pain or other symptoms connected with the previous history.—*St. Louis M. and S. Jour.*, April.

### SEDATIVE EMMENAGOGUE.

For a day or two antecedent to the actual commencement of the catamenial flux, not infrequently women suffer acute pain in the pelvic region, doubtless due to hyperæmia and hyperæsthesia of the reproductive belongings. To obviate this no treatment gives such satisfactory results as the following:

R. Codæ sulphatis, gr. j; chloral hydratis, ammonii bromidi, aa gr. xx; aquæ camphoræ, ℥ j. M. Ad unum haustum. S. Take at bedtime.

A repetition of the dose at *that* period is rarely necessary. In some cases a warm sitz-bath of fifteen minutes duration before retiring, is a valuable adjuvant.—*Western Med. Rep.*, March.

### PRURITUS VULVÆ.

J. CHÉRON, in the treatment of pruritus vulvæ caused by discharge from the vagina, recommends a solution of sixty grams of kali iodide in same amount of tinct. iodine.

A tablespoonful of this mixture in a litre of warm tar-water, to be used as a vaginal injection and wash for the external parts.—*Deutsche Medizinische Zeitung*.—*Obst. Gaz.*, April.

### PRURITUS VULVÆ.—QUININÆ UNGT.

Dr. H. K. STEELE, Denver, writes:—

I desire to communicate to the profession, through the *Lancet and Clinic*, what I consider a very reliable acquisition in the treatment of that troublesome affection pruritus vulvæ. It may be applied to pruritus ani as well. I

have not seen it mentioned anywhere, and have therefore reason to consider it original with myself. The remedy is quinia sulphate, rubbed up with only sufficient lard to hold it together. The nearer you get the full strength of the quinia the more efficacious it will prove. Apply freely and thoroughly. It has proven a specific in my hands.—*Cin. Lancet and Clinic, April 29.*

### NEURALGIC DYSMENORRHEA.

R. Tr. cannabis indicæ, ℥ 20; spts. juniperi, ℥ 30; spts. ætheris, ℥ 45; tinct. aconiti, ℥ 10; mucilag. acaciæ, q. s. Mix for a draught to be taken at bedtime.—*Mel. Gaz., April 29.*

## DISEASES OF CHILDREN.

### TUMOR OF UMBILICUS, WITH PATENT URACHUS.

Dr. JOHN GAY FRENCH reports the following in the *London Lancet*: I saw, in consultation with the late Dr. Bestall, of Oldham, a case which from its rarity, may be placed on record. There was a fleshy tumor of the umbilicus, with a patent urachus, in a female infant aged about six weeks. Mr. Bryant, after his extensive practice, states that he saw only one such case, and in it he was not allowed to operate. In our case there was a hernia-like protrusion of skin, of about three-quarters of an inch in length, surmounted by a red fleshy outgrowth, like a swollen and fungoid glans penis. Whenever the child cried or struggled, this growth became very prominent and vascular; and through a small opening, urine was expelled. The aunt (for the mother would not assist at the consultation) stated that the urine constantly flowed from the umbilicus, and that the "lump" was growing rapidly. In order to stop this and close the canal, we advised operative interference, and after pointing out the advantages, dangers, etc., the relatives agreed to place the child unreservedly in our hands. Next day I operated, Dr. Bestall holding the infant and assisting me. Having ascertained that no knuckle of intestine was in the way, a hairlip pin was driven through the fleshy mass, at its junction with the cuticle, and transversely with the body axis. Underneath this pin, and at right angles to it, a needle armed with a stout double ligature was passed, and the threads drawn through. These were then tied tightly on each side under the pin, and the tumor was strangulated. Small pads were placed under the pin ends, and a pad of dry lint over all, with a bandage round the body. When examined on the third day the pin and the fleshy mass came away with the lint pad, exhibiting a clean, granulating sore. As the child was crying, it was dressed quickly with zinc ointment, and a pad as before. On the tenth day, when I again saw it, the sore was entirely healed, and covered with cuticle; no urine had passed through it since the day of the operation, and the relatives were much pleased with the result. As a precaution against protrusion, we advised the use for a while of an umbilical truss.—*St. Louis M. and S. Jour., April.*

### RACHITIS.

From Clinic of Prof. JACOBI, Col. Phys. and Surg., N. Y.:

CASE.—Male, æt. two years. Mother's first child. Cut incisors when sixteen months old. Two months after that two upper ones, and has now eighteen teeth. The anterior fontanelle is not closed and the child does not walk. Tries to make some steps if led by the hand. The diaphyses or both

tibæ are curved inward. The bowels are always constipated, and the mother gives injections in the summer every day and in the winter every second day. Was nursed till sixteen months old. Then was fed on milk, coffee, potatoes, gruel and farina. The child smiled when six months old. Pulse is normal.

I find that the fontanelle is about as large as you would expect to find it in a child seven or eight months old, when it is largest. It is habitual with children to walk when twelve or fourteen months of age. Such a child ought to have regular teeth in the lower jaw. The incisors should appear at the 7th or 8th month instead of the sixteenth. The lateness of closure of the fontanelle, the late appearance of the teeth, and the retardation in its attempt to walk all point to an insufficient development, at all events of the osseous system. Then the child's muscles are flabby and the bowels are constipated. One of the main causes of constipation is insufficient action of the muscles of the intestine. This insufficient osseous and muscular system and general ill nutrition is what we are in the habit of calling rickets. Children of two years are more apt to keep the tongue in the mouth than this one before you. Here the tongue is a little bulky and heavy. Cases of children with over-grown tongues are always suspicious as far as cerebral development is concerned. I do not speak of cases of the so-called congenital macroglossa, which is often the result of cystic degeneration of the tongue, and the brain is not the seat of the disease. In congenital idiots with insufficient development of brain you have enlarged tongue very frequently.

Rickets as a rule will develop only where children are seven to eight months of age. Among some it will develop very much earlier. Those cases are very early that come on with constipation, and at the same time, with softening of the cranial bones. The occipital and parietal bones will soften very early, even when the infants are 2-3 months old. There goes hand-in-hand with this rachitic softening of the bones and in many instances meningeal effusion.

The teeth, which have just made their appearance, are decaying already, which indicates a very defective development of the osseous system. Decay of teeth after birth is very rare, except in constitutional disease. In syphilis you will often see it, you will rarely see it in rachitis. Just as young bone is less hard than the bones of adults, so the teeth contain less phosphorus, less cement, than adult teeth.

*Treatment.*—The child should take a few teaspoonfuls of raw meat and one egg in the twenty-four hours, and plenty of oatmeal with cow's milk. Cod liver oil a teaspoonful three times a day, to which may be added some iodide of iron, six or seven drops in sweetened water.—*Med. Gaz.*, May 13.

### TREATMENT OF INFANTILE DIARRHŒA.

This is the chief disease of infants and the hygiene is more necessary very often than the medicines employed. Among infants at the breast, the cause of diarrhœa is as often the fault of the nursing mother as of the infant. The abuse of baths is a prime cause, being often more injurious than beneficial, from being too prolonged, instead of a single washing of the body.

As to dentition Dr. Simon attributes great influence, though denied by many authors. In the simple cases after ascertaining the cause, if possible, stop everything but the milk and give a spoonful of coffee with a little alkaline water. A tepid bath should be given each day and a starch injection; every day at each meal give a portion of the following powder:

R. Calcinèd magnesia, 10 grammes; prepared cream, sub. nitrate of bismuth,  $\text{ss}$  2 grammes.

At last apply warm fomentations to the bowels.

If the diarrhœa continues and becomes catarrhal, *i. e.*, accompanied with a considerable secretion and intermitting fever, it is better to give a vomit and afterward a portion of subnitrate of bismuth, 4 grammes with one drop of laudanum, to an infant under one year of age.

At the advanced stage the diarrhœa becomes symptomatic of enteritis. This is distinguished by the passages which are green, acid and extremely



irritating. The fever is persistent and the countenance indicates suffering, a sign very significant of unfavorable results.

It is now necessary to give laudanum, the true treatment of enteritis, with sub-nitrate of bismuth, 1 drop of the former to 60 grains of the latter, to each year of age. Paregoric can be used in the place of the laudanum—5 drops for one of laudanum. It ought not to be forgotten to continue laudanum after the passages are checked, but in diminished doses. If vomiting should occur, prepared chalk and lime-water should be applied, and a small blister over the epigastric region, using the necessary precautions.

In enteritis is often observed that membranous fragments are expelled, with violent colic, and in these cases the injections should be frequent and cathartics used. It is necessary to keep up this treatment with alkaline waters, excluding grease and indigestible articles, and hydrotherapy, when the age of the infant permits.

Chronic enteritis is extremely difficult to treat; opiates and astringents should be used and afterward revulsives, as tr. iodine, croton oil, and vesicatives.

The treatment of diarrhoea is of great importance, because it may be but the beginning of choleraic diarrhoea. In these cases the danger is imminent, and cathartics should be carefully employed. In these cases give a spoonful of coffee and Malaga wine, and coffee and brandy. If possible, a wine bath should be given; this stimulates the functions of the skin, and should only last five minutes.—*Jules Simon in Journal de Therapeutique.*—*Therap. Gaz. March.*

#### TREATMENT OF INFANTILE DIARRHOEA BY CHARCOAL IN THE MILK.

For children belonging to families in easy circumstances M. J. Guerin mixes a certain quantity of Belloc's powder of charcoal with each milk meal—half a teaspoonful only at each meal. For the children of the working classes, Belloc's powder, which is a little dear, is replaced by very finely powdered, farina-like, ground bakers' charcoal. This powder mixes readily with milk, and children drink the mixture as though the milk were pure. In a very short time, sometimes on the first day, the stools change in consistence and odour, and instead of being green, become blackish-yellow. At the same time that this addition is made, M. J. Guerin dilutes the milk with one-third or one-half of sweetened water, and the children take it without repugnance or vomiting. M. Guerin has frequently seen children, exhausted by seven or eight days uncontrollable diarrhoea, regain in two or three days the expression of health.—*Lond. Med. Jour.*—*Can. Med. Record.*

#### CONSTIPATION IN INFANTS.

The following are some of the remedies found useful by Dr. D. H. Cullimore (*London Lancet*): 1. A pellet of butter and brown sugar or treacle every morning fasting, or a little raspberry jam. 2. The morning insertion into the rectum of a conical piece of white curd soap about two inches and a half long. It must be first dipped in warm water, held *in situ* for five minutes, and withdrawn. 3. Daily friction over the body, from the right iliac region along the course of the gut, with a little salad oil. In India I have used cocoa-nut oil advantageously. Cod-liver oil is very useful when its smell is not objected to. *En passant*, I may say that I have at present under my care a girl of fifteen who for a couple of months has suffered from obstinate constipation. She has lately had typhoid. Both mild and strong purgatives were ineffectual, and it has now yielded to cod-liver oil friction. Assiduous friction, without any unguent, is often equally useful. Patience, however, is necessary. A teaspoonful of fluid magnesia in the food is a good plan. Tomato jelly is sometimes used in India with benefit. Whatever plan may be adopted, it is well to supplement it with the internal ad-

ministration of half a drop of tincture of nux vomica three times a day; a quarter of a drop is sometimes sufficient. Minute doses of sulphur also answer well.—*Buffalo M. and S. Jour., March.*

### INFANTILE MARASMUS.—MILK FOOD.

No so-called Milk Food consists entirely of milk; all are partly composed of cereal products, involving, when not properly prepared, the presence of an injurious amount of starch. The highest authorities agree in condemning starchy food for young children.

The Anglo-Swiss Milk Food is so prepared that when gradually heated with water, according to the directions for use, the starch contained in the materials used is converted, in a satisfactory degree, into soluble and easily digestible dextrine and sugar.

For a simple test, mix one part of the Food with three parts of cold water—taking a smaller proportion of water than usual—occupy from five to eight minutes in bringing it slowly to the boiling point, stirring constantly, and continue the boiling one minute; the result will not be a pulp or pap, but a liquid resembling milk. Submit other Foods to the same test, and if you obtain a mucilaginous paste, a heavy pasty appearance should not be accepted as evidence or measure of nutriment; it only betrays the raw or unconverted starch contained.

That nature does not give to young children the ability to properly digest food containing a large proportion of starch is universally conceded, and when we remember that nature designs milk as food for the young, and that milk contains no starch, the consistency of nature is strikingly apparent.

We should not offend nature's ways by presuming to improve upon them. Obviously there is but one logical conclusion respecting the use of starchy materials in compounding a proper food for infants, namely, that starch must be relieved of its individual character by being, in a great degree, converted into soluble and more easily digestible dextrine and sugar. By so doing we effect certain changes in the food itself which would otherwise be left for the digestive organs to accomplish before healthful assimilation could take place.—*Can. M. and S. Jour.*

### BROMIDE OF POTASSIUM IN INFANTILE DENTITION.

M. PEYRAUD recommends this drug for relief to the painful and troublesome processes of infantile dentition, and employs the following prescription: Bromide of potassium, 2-3 grams; honey, 15-20 grams; water, q. s. After the solution has taken place, heat and evaporate to a consistency of honey, adding alcohol to preserve the mixture. By rubbing this on inflamed gums the mucous membrane is attacked and denuded, the hyperemic circulation is diminished, the inflammation reduced, and the projecting points of the teeth will gradually pierce the gum, and the contemporaneous inflammation of the mouth will be subdued.

The internal use of this drug will likewise, in the author's experience, prevent or abate the convulsions incidental to teething infants. He also recommends the use of the bromide in dental caries, which it arrests, and acts as a substitute for the arsenical preparations commonly used by dentists. Into a little cyst of the eyelid M. Peyraud injected subcutaneously a strong solution of the bromide, which was followed by the complete disappearance of the cystic tumor.

M. Joffroy, basing his treatment on the ground that there is a hypersensibility of the mucous membrane of the larynx in the so-called spasm of the glottis after diphtheria, employed bromide of potassium in daily amounts of two grams to overcome this hyperesthesia. In two cases where asphyxia was threatened after tracheotomy had been performed, the spasm appeared controlled by the bromide, and death apparently was averted. He cautions against the use of this agent where there are complications of bronchitis or threatening paralysis of the glutto-pharyngeal and laryngeal muscles.—*Boston Med. and Surg. Jour.*

### HYDRATE OF CHLORAL IN ACUTE GASTRO-ENTERITIS IN CHILDREN.

Dr. ADOLPHE KYELLBERG (*Nordesk Med. Arkiv.*) concludes that the principal cause of difficulty in treating this affection is the great irritability of the stomach, and that hydrate of chloral serves better than any other drug to check the violent vomiting by which all medicines and foods are rejected, and besides soothing the child will often help to arrest diarrhea. He administers it in the form of an injection, preferably after the bowels have been moved, in doses of twenty-five to thirty centigrams for children of from five to six months old, and from fifty to sixty centigrams to children of twelve to fifteen months of age, only a deserts spoonful of fluid being used. The enemata may be repeated two or three times daily, if required, the doses also being increased if they appear to be too small, or it may be associated with other drugs, such as iced champagne or brandy for the vomiting, opium internally or as an enema for the diarrhea, warm baths with mustard for albuminuria if present, and stimulants for collapse. Finally, to increase the effect of the chloral, the author is accustomed to add one gramm of the tincture thebaica to the enema, and when stimulants are required five to fifteen drops of Hoffman's anodyne.—*Louv. Med. News*, March 11.

### BATHS FOR THE NEWLY-BORN.

Dr. F. WINCKEL, of Dresden (*Centralb. f. Gynäköl.*) makes the novel suggestion of keeping certain newly-born children permanently in warm water. This he considers more useful than rolling them in cotton-wool, applying warm bottles, and keeping them in warm rooms. The following abnormal conditions are mentioned as being suitable for the permanent bath:

1. Children born between the 28th and 36th weeks.
2. Children born asphyxiated and weak from flooding during labor, or who have accidentally lost blood from the stump of the cord.
3. Where there is disease or fretting of the skin.
4. In emaciation, to prevent bed sores. The author has employed this treatment successfully in cases such as those above mentioned, and gives details of temperatures and results.—*Glasgow Medical Journal*.—*Mich. Med. News*, April 25.

### APTHOUS SORE MOUTH IN INFANTS.

Prof. WALLACE (*College and Clinical Record*) recommends the following:

R. Sodii sulphitis, gr. xxx; glycerine, aquæ, ss ʒss. M. To be used on a swab every two hours. Scrupulous cleanliness is required when a nursing-bottle is used. The rubber nipple should be turned inside out after each using, washed clean, and kept in a solution of baking-soda until again needed. It is better to have two nipples, and to use them alternately. Milk must not be allowed to stand in the bottle till it grows sour.—*Louv. Med. News*, March 18.

### INTERTRIGO OF CHILDEN.

Dr. KLAMM (*Le Progrès Médical*, March 11, 1882,) claims that by the use of the following mixture he has had very good results in the treatment of intertrigo in young children: Calcined magnesia, fifty parts, talc powder one hundred parts, salicylic acid, two parts, and five parts of any olo-balsamic mixture. The magnesia should be employed in a state of very fine powder. This mixture has been also found of value in treatment of the ecthyma and eczema which develop soon after birth.—*Chicago Med. Rev.*, April 15.

## ADDENDA.

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### IGNORANCE OF MODERN EXPLOSIVES.

BENJAMIN V. ABBOTT discussing this question (*Popular Science Monthly*), says:—

One can not judge from the brief accounts given what are the precise causes of such disasters, but there is reason to believe that ignorance is prolific; that many persons have only a vague knowledge of the qualities of nitro-glycerine, can not recognize it when they see it, and are not acquainted with the various forms in which it is compounded, or with the peculiar dangers of handling it carelessly. Nitro-glycerine itself is a dense, yellowish liquid, but, in order to diminish the danger attending its use, fine earth, ground mica, sawdust, or some similar powder, is saturated with it, and thus the various blasting-powders, known as dynamite, mico-powder, dualin, rend-rock, etc., are formed. These compounds can be transported with comparative safety. But the nitro-glycerine easily drains off from the powder and oozes from any crevice in the vessel in which the compound is kept. Drops of it thus bedewing the edges of a box may very easily be mistaken for oil escaping, and if workmen ignorantly endeavor to nail the box tighter or to open it for examination there will be a disastrous explosion. Several have occurred in past years in this way. The victims knew, no doubt, that nitro-glycerine (or the compounds) may be exploded by a blow (contact with fire is not needful), but they did not suspect that the innocent looking oil was nitro-glycerine. Why should not youth be taught in the schools somewhat of the practical dangers of these substances which are coming into such common use? They would pursue the study with interest, especially if there were judicious experiments. A Missouri story is that a teacher confiscated a small metal box which a pupil was playing with in school hours, and, thinking it contained chewing-gum, tried to break it open with a hammer. It was a dynamite torpedo of the kind used on a railroad-track as a danger-signal, and large bits of it had to be cut out of the lady's cheek. Would it not have been well if she had known somewhat of the aspect of torpedoes? Was it not more important to the journeymen plumber who threw the lighted match into the pan of camphene, mistaking it for water, by which the great printing establishment of Franklin Square was burned some twenty-eight years ago, to know camphene by sight than to have memorized many of the matters prominent in a public school course? Surely workmen, especially "raw hands" in establishments where these things are used, should be systematically instructed in advance, and the courts are enforcing this principle.—*Sanitary News*, March.

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### HOW TO DISTINGUISH SALIVA-SPOTS IN CLOTHING FROM OTHERS OF SIMILAR APPEARANCE.

Dr. CERVERA (*Cron. Med.-Quir. de la Hab.*) gives a simple mode of distinguishing salivary stains from spermatic and others of similar appearance with which they may be confounded. This distinction is often of importance in medico-legal cases. The piece of cloth containing the spot is by capillarity moistened with a saturated solution of ferric chloride; chemical reaction will

give rise to a blood-red color in the case of saliva, but not in stains due to other fluids. Parotid saliva, especially after meals, contains the sulphocyanide of potassium, a substance which strikes an intense red color in contact with ferric salts, although these may be present only in minute quantity. Such reaction does not take place in the case of pua, nasal or vaginal mucus, spermatic or gonorrhoeal fluid.—*Druggists' Cir. and Chem. Gaz., April.*

#### CHLOROFORM AS AN EMETIC AND ANTHELMINTIC.

Dr. G. W. SEMPLE, in a paper read before the Virginia Medical Society, calls attention to a peculiar emetic action of chloroform when given in a large dose by the mouth to patients, with the stomach full of ingesta. In such cases it produces in from ten to twenty minutes easy and copious emesis, perfectly emptying the stomach, after which the emesis and nausea cease entirely. To a colored girl, seventeen years of age, who had gorged herself with a large melon, he gave two drachms of chloroform in mucilage of quillaya. In twelve minutes she vomited, emptying the stomach. To a child two years of age, with a stomach full of damsons, a teaspoonful of chloroform was given by the mother, in a few moments the child vomited, and was greatly relieved.

He also regards chloroform as an efficient anthelmintic, using the following formula: chloroform ʒj, castor oil ʒj, croton oil gtt. j. Mix. Dose ʒss. to ʒss.—*Virginia Med. Monthly.*

#### PRIMARY CANCER OF THE UTERUS IN A GIRL OF SEVENTEEN.

Dr. SHANTA reports a case in the *Wiener Medicinische Wochenschrift* in which a girl of seventeen had menorrhagia and a serous discharge. On examination a tumor of the cervix was found, a microscopical examination of which demonstrated medullary cancer. The tumor was excised, but soon returned. Hæmaturia, with passage of cancerous masses by the bladder, followed. Death in seven months. Autopsy: Large carcinomatous tumor, in which the uterus and its appendages were almost lost; posterior wall of the bladder destroyed; rectum and ureters implicated. Metastatic deposits in the lungs. [*Virchow's Jahresbericht. Jahr gang xv., Band ii.*].—*Western Med. Rep., March.*

#### GANGRENE FOLLOWING THE INJECTION OF MONSEL'S SOLUTION INTO AN ANEURISM OF THE PALMAR ARCH.

Dr. W. W. KEEN reports, in the *Annals of Anatomy and Surgery*, for March, 1882, the case of a girl of seven, who, in 1876, had an aneurism of the superficial palmar arch, following a fall in which she struck her hand on a stone. A physician in Delaware being consulted, injected the aneurism with about ten drops of Monsel's solution. The thumb and all the fingers at once became blanched, and gangrene followed. On the eighth day, the line of demarcation being fully established, amputation above the wrist was done antiseptically. The next day the temperature had fallen from 102.5° to 100°, the child was up and dressed, and in ten days the wound was healed.

Dissection showed that the entire superficial arch, the radialis indices and the ulnar half of the princeps pollicis were all derived from the ulnar artery; hence the involvement of the forefinger and thumb in the gangrene.—*Med. News, March 18.*

#### MEDICATED BATHS.

IODINE BATH IN SCROFULA, CHRONIC RHEUMATISM, SECONDARY SYPHILIS AND CERTAIN SKIN DISEASES.

R. Iodi, grs. 60; pot. iodidi, ʒ ½; liq. potass., ʒ 2; aquæ calidæ, C. 80. Mix. Sig. Bath.

SULPHUR BATHS USEFUL IN SCABIES, LEAD COLIC, PARALYSIS FROM LEAD, ETC.

R. Potass. sulphuratæ,  $\frac{3}{4}$ ; aquæ calidæ, C. 80. Or,

R. Potass. sulphuratæ,  $\frac{3}{4}$ ; sodæ hyposulphitæ,  $\frac{3}{4}$ ; acid sulphurici, 31; aquæ calidæ, C. 80.

IRON OR OAK BARK BATHS ESPECIALLY USEFUL FOR STRUMOUS AND RICKETY CHILDREN.

R. Ferri sulphat,  $\frac{3}{4}$ ; aquæ, C. 4. M. Or,

R. Quercus contusæ, lb. 1; aquæ calidæ, C. 2. Mix. Boil for half an hour and add the strained decoction to three gallons of warm or tepid water. To be used every morning.

SALT WATER BATHS INDICATED IN GENERAL DEBILITY, CHRONIC RHEUMATISM, ETC.

R. Salis marini, lb.  $\frac{1}{2}$ ; aquæ tepidæ, C. 4. Mix. Make a sponge bath to be used every morning. The surface of the body should be thoroughly rubbed with a flesh brush and coarse towels. Or,

R. Salis marini, lb. 2; magnes. sulphat.,  $\frac{3}{8}$ ; pot. iodidi, grs. 120; liq. calcis chlorat.,  $\frac{3}{4}$ ; aquæ, C. 80. Mix.

ARSENICAL BATHS INDICATED IN RHEUMATOID ARTHRITIS, AND SKIN DISEASES.

R. Sodæ carbonat.,  $\frac{3}{4}$ ; sodæ arseniat, grs. 20–36; aquæ calidæ, C. 80. Mix. Or,

R. Sodii chloridi,  $\frac{3}{4}$ ; sodæ sulphat,  $\frac{3}{4}$ ; sodæ carbonat.,  $\frac{3}{4}$ ; sodæ arseniat, grs. 52; aquæ calidæ, C. 80. Mix.

BORAX BATH INDICATED IN SOME SQUAMOUS AND OTHER IRRITABLE DISEASES OF THE SKIN.

R. Boracis,  $\frac{3}{4}$ ; glycerini,  $\frac{3}{8}$ ; aquæ calidæ, C. 80. Mix.

GELATINE BATH FOR ECZEMA AND OTHER IRRITABLE CUTANEOUS AFFECTIONS.

Take of gelatine or common glue one pound, dissolve in a little boiling water, and add 20 gallons of hot water to form a bath. This bath can often be rendered more efficacious by soaking in it one or two pounds of bran, confined in a muslin bag.—*Med. Gaz.*, April 1.

### A NEW DANGER IN ANÆSTHESIA.

Dr. GEORGE FISCHER, in the *Deutsche Zeitschrift für Chirurgie*, 1881, vol. xv., p. 188, relates a case illustrating a curious and novel danger in anæsthesia which, so far as we know, has not yet been recorded. A patient with a compound fracture of the thigh suddenly died during anæsthesia from chloroform. The chloroform was pure, no food or mucus was found in the mouth, the tongue had been drawn well forward, and on the first appearance of serious symptoms, when but little of the anæsthetic had been given, artificial respiration and electricity had been used, but in spite of all and from no known cause the patient died.

The autopsy explained it all. A piece of chewing tobacco was found in the larynx completely obstructing the glottis. Hereafter not only must the operator remove artificial teeth before giving an anæsthetic, but he must see that a tobacco-chewer has none of the beloved weed hidden in any remote corner of his mouth. At the University Hospital, in Philadelphia, we learn this precaution is always taken, since in one case lately a patient nearly died from the same cause.—*Med. News*.

### DANGERS FROM BISMUTH.

A woman died at the hospital at Modena, on March 2, 1881 *Gazetta Medica Italiana*, September, 1881), from gastric cancer. On the post mortem the stomach, which was of normal size, was found to be filled with a pultaceous gray semi-solid mass forming a cast of the cavity. This mass was found to

be composed of half a kilogramme of oxide of bismuth agglutinated with mucus. As the patient had not taken any bismuth in the hospital during her two months' residence, she must have carried this mass in her stomach for more than two months.—*Chicago Med. Rev.*, May 1.

#### UTILITY OF STRYCHNIA AS AN EXPECTORANT.

J. MILNER FOTHERGILL (*British Med. Jour.*) says: The experiments of Rokitsansky have shown that strychnia is a powerful stimulant of the respiratory centres, and I have arrived at the same conclusion from experiments upon rabbits. When the respiratory center was paralyzed by aconite the injection of strychnia exercised a most potent influence in restoring the circulation. I have used it clinically with much success, when the respiration was embarrassed, in acute bronchitis with difficult expectoration, in chronic bronchitis with emphysema, and when the right ventricle was dilated, it added to the efficiency of digitalis.—*Cin. Lancet and Clin.*, March 18.

#### SOLVENT FOR GALLIC ACID.

A correspondent of the *British Medical Journal* says that he has accidentally discovered a method of dissolving gallic acid. Having, a short time since, a case of hæmaturia, the result of uric-acid gravel, he chanced to prescribe a mixture containing half a drachm of gallic acid and a drachm and a half of citrate of potassium, and to his surprise he found he had a perfectly clear liquid, the gallic acid being completely dissolved. He has since made further experiments, and he finds that, with care, twenty grains of citrate will dissolve as much as fifteen grains of gallic acid in an ounce of water, and remain quite clear for any length of time. To be able to give gallic acid in perfect solution is a great advantage, as absorption must take place more rapidly when the acid is in solution than when simply suspended in mucilage. The citrate, being a very simple salt, can do no harm in any cases in which gallic acid is required. The only means of dissolving gallic acid for medicinal use heretofore known by Mr. Long have been alcohol and boiling water, both of which are practically useless.—*Boston Jour. Chem.*, April.

#### BLOOD IN URINE.

ALMEN recommends (*Neues Jahrbuch für Pharmacie*, 40, p. 232), the following for the detection of blood in urine. Mix in a test tube some drops of tincture of guaiacum with an equal volume of oil of turpentine, and shake until an emulsion forms; then carefully add the urine under examination, so that it falls to the bottom of the tube. On agitating the emulsion with the urine, the guaiacum resin is rapidly precipitated as a white, afterward dirty yellow or green precipitate. If there be blood in the urine, and even if only in traces, the resin is colored a more or less intense blue, often almost indigo blue in color. In normal, albuminous, or urine containing pus, this blue coloration does not occur, but only appears in the presence of blood.—*Marshall & Smith's Chemical Analysis of the Urine*, pp. 72-73.—*St. Louis Cour. Med.*

#### PEPPERMINT, VALERIAN, CATS, AND SEWER GAS.

The above *olla podrida* was tried in Hoboken lately. A woman, suspecting that a leak in the pipes was the source of a sewer gas smell, and having appealed in vain to the owner, tried the excellent plan of pouring some oil of peppermint into the third-story wash basin. The odor appearing in the parlor, pointed to a leak behind the parlor closet. This experiment failing to convince the landlord, she next tried a similar experiment with valerian, and then let loose two enterprising cats, whose search for the source of the

to them delightful odor, led them to the same closet as before. The still incredulous landlord was, however, finally persuaded to investigate the plumbing, and found that the cats were right; the pipes leaked badly. We commend this new and valuable use for the cat to Mr. Bergh, as a more rational vent for his enthusiasm than his crusade against vaccination and vivisection.—*Med. News*, March 18.

### ANTISEPTICS.

Iodine seems to be coming prominently forward as an antiseptic. Devaine shows that 1 part to 12,000 destroys the contagiousness of charbon; 1 to 10,000 of septic blood; Krajewski, that 1 part to 11,500 destroys septic blood. This is more than twice as favorable showing as from any other agent. In the prevention of bacteria development it is nowhere as good. Corrosive sublimate, 1 to 20,000, being the best agent, and Thymol (1 part to 2,000), benzoate of sodium (1 part to 2,000), benzoic acid, of creosote (1 part to 1,000), coming next in order according to Prof. Billroth.—*Leonard's N. Med. Jour.*

### FELONS.—CARBOLIC ACID.

Dr. N. B. KENNEDY, Hillsboro, Texas, gives the following, among other cases: A highly nervous young lady came to my residence to have a felon lanced, and was clamorous for chloroform, as she feared the pain would kill her. I bathed her finger in pure, undiluted acid, and lanced the felon almost without pain, much to her astonishment.—*Med. and Surg. Rep.*, March 4.

### LOCAL ANÆSTHESIA.—BROMIDE OF ETHYL.

Bromide of ethyl will produce local anæsthesia when projected on the surface with an atomizer. It is non-inflammable.—*Pacific M. and S. Jour.*

### TONIC PILLS.

The *Monthly Review of Medicine and Pharmacy* says the following tonic pills are much prescribed at the gynæcological clinic of the Hospital of the University of Pennsylvania:

B. Acid arseniosi, strychniæ sulph.,  $\mathfrak{ss}$  gr.  $\frac{1}{2}$ ; ext. belladonæ, gr.  $\frac{1}{4}$ ; cinchoniæ sulph., gr. iss; pil. ferri carb., gr. iiss. M. Et. ft. pil. No. j.

B. Acid arseniosi, gr.  $\frac{1}{2}$ ; cinchoniæ sulph., gr. iss; ferri et potas. tart., gr. ij. M. Et. ft. pil. No. j.—*Med. and Surg. Rep.*, April 8.

### NUTRIENT SUPPOSITORIES.

In cases of gastric ulcer, carcinoma, and other conditions requiring rectal alimentation, the administration of nutrient enemata may be well supplemented, as recommended by Dr. H. E. Spencer (*Practitioner*, February, 1882), by nutrient suppositories, made with artificially-digested meat mixed with a little wax and starch and made into a suppository. The suppositories are of such a size that the digested and extracted product of twenty ounces of meat, from which the insoluble matter is removed, is contained in about five suppositories. The convenience of the method is great, as the patient can introduce them himself if necessary, and their use is attended with no discomfort in the majority of cases.

[It would seem that large soft gelatin capsules filled with the peptone might be similarly employed, this method having decided advantages over the ordinary nutrient enemata, even if the rectal speculum should be found necessary in their introduction.—*REP.*]—*Med. Times*, April 22.



## AN ANÆSTHETIC MIXTURE.

The *Wein. Med. Zeit.* says that the Vienna mixture, under the use of which 8,000 operations have been performed without a single accident, consists of three parts of ether and one of chloroform; and Billroth's favorite mixture is composed of three parts of ether, one of chloroform, and one of alcohol.—*Med. Gaz.*, March 25.

## OLEOZE.

The *American Medical Weekly* says that the German preparation called oleoze, so great a favorite in disguising unpleasant remedies and making most compounds pleasant to smell and taste has the following composition: One part each of the oils of lavender, cloves, cinnamon, thyme, citron, mace and orange flowers, three parts balsam of Peru, and two hundred and forty parts of spirits. This seems to be a pleasant preparation.—*Chicago Med. Rev.*, April 1,

## NITS IN THE HAIR.

From the London *Lancet* we note the two following methods of removing nits from the hair;

1. Apply spirits of wine freely, so as to dissolve the glue which attaches the nits to the hair, and then wash them away with soap and water.
2. Apply to the hair rather a strong decoction of larkspur seeds (*Delphinium staphisagria*). This will kill the parasites very quickly. Wash the head with carbolic soap, after two or three days. The nits will then readily come away by brushing and combing.—*Med. and Surg. Rep.*, March 4.

## DIGITALINE.

At one of the trials in which Sir Robert Christison was engaged, one of the points for the defense was that there was no trace of the poison (strychnia) found in the body. In answer, Sir Robert said he knew of a substance so deadly that a minute dose of it would infallibly prove fatal and yet so subtle that the most careful examination would fail to detect its presence in any of the tissues. He was about to name the substance when the presiding judge begged him to keep so important a secret to himself, lest it should be used successfully for criminal purposes. Sir Robert used to tell in after years how for days his breakfast-table was loaded with letters begging to know the secret. It is now well known, and there is no need for concealing it, that he referred to digitaline, a substance which is not at all likely to be obtained by any but scientific men.—*Edin. Cor. N. E. Medical Monthly*.—*Med. Record*, April 29.

## RESUSCITATING FROZEN ANIMALS.

There has been a conflict of opinion between experimenters on the one hand and clinical surgeons on the other as to the best method of resuscitating frozen animals (including human beings). While the latter almost without exception advocate the gradual introduction of heat, the former (Beck, Horwat and Jacoby) claim that it should be applied rapidly. In order to decide this question, Laptschinski has performed careful experiments upon dogs in the clinic of Professor Manasse. The results were confirmatory of his views on the subject, and are summarized as follows: Of twenty animals treated by the method of gradual resuscitation in a cold room, fourteen died; of twenty introduced at once into a warm apartment, eight perished; while of twenty placed immediately in a hot bath all recovered.—*Boston Jour. Chem.*, April.

### SALICYLIC ACID AS A FOOT POWDER.

As a protection to the feet in the Russian army, salicylic acid is used. It is in the shape of powder, and is a great preventative against perspiring feet:

B. Acid salicylic, 3 parts; amylum, 10 parts; powder of talcum, 87 parts.

It is applied dry; on a march, daily; in garrison, every two or three days. It takes off the irritating influence of the perspiration of the feet, and prevents in consequence of the soreness. In the Italian army aniseed is similarly used in hot weather.—*Therap. Gaz., Mar.*

### CONTRA-INDICATIONS FOR THE USE OF SALICYLATE OF SODA.

Dr. CARPINI points out the following contra-indications to the use of salicylate of soda: 1. Grave heart affections. 2. Persistent gastric disturbances. 3. Renal complications; not that the salicylate produces nephritis, but it aggravates renal affections. Hence before it is prescribed the urine should be examined. 4. The greatest care should be exercised in giving it to infants, or to the aged, or to those enfeebled by long illness.—*Lyons Med. New Eng. Med. Mo., April.*

### PHTHISIS WITHOUT COUGH.

Dr. WILLIAM H. THOMPSON (*Maryland Med. Journal*) recently called attention to the occasional total abstinence of cough in phthisis. The phenomenon is by no means a rare one among the insane. Very often an extensive amount of pulmonary change may occur in the insane without the usual objective symptoms. In a few cases the absence of laryngeal lesion explains this.—*Cin. Lancet and Clin., April 29.*

### VEHICLES FOR ABSORPTION.

Dr. VIGIER has observed that as the result of a series of researches he has made on this point he had found that lard is the best fatty body when medicinal absorption is desired, vaseline coming next, and glycerin next. This last, therefore, is a bad vehicle when cutaneous absorption is in view, but an excellent one when we wish to avoid this; so that we may by its aid avail ourselves of the parasiticide action of corrosive sublimate without fearing the production of mercurial poisoning.—*Gaz. Hebdom.—Louvainville Med. News.*

### STYPTIC COLLOID.

The *Chemist and Druggist* (London) says that the following will instantly coagulate blood, forming a consistent clot, under which wounds will readily heal:

B. Collodion, 100 parts; carbolic acid, 10 parts; tannic acid, 5 parts; benzoic acid, 5 parts. Mix the ingredients in the above order.—*Med. and Surg. Rep.*

### PULMONIC WAFERS.

Morphia hydrochlorate, 30 grs.; benzoic acid, 60 grs.; tartar emetic, 10 grs.; powd. squill, 240 grs.; powd. ipecac, 120 grs.; black currant paste, q. s. ad., 32 ounces. Divide into lozenges of 15 grains each.—*Chemists' Journal.—New Remedies, May.*

### SIMPLE METHOD OF REMOVING INSECTS FROM THE EAR.

Dr. B. F. KINGSLEY, U. S. A., relates a number of cases where soldiers sleeping on the plains have come to him to have bugs removed from their ears. Accidentally he discovered that by holding a lighted candle near the ear, the insects would at once leave the cavity and come forth. The patient should be in the dark when this is done. It is worth remembering.—*Medical Record.*

## REMOVAL OF PLASTER-OF-PARIS BANDAGES.

Dr. F. H. MURDOCK, of Bradford, Pa., says: A very convenient way to remove a plaster-of-Paris bandage is as follows: Take a strong solution of nitric acid, and by means of a camel's hair pencil paint a strip across the bandage at the most desirable point for division. The acid will so soften the plaster that it may be readily divided by means of an ordinary jack-knife.—*Med. Record*, April 8.

## BAROGLYCERIDE.—A NEW ANTISEPTIC.

Baroglyceride, a new chemical made by subjecting to prolonged heat 92 parts of glycerine to which has been added 62 parts of boracic acid, a tough and deliquescent mass soluble in water or alcohol is formed. It may be used in substance or in dilution. One part to forty of water is recommended for general purposes. It is claimed to be the most powerful antiseptic known.—*Pittsburgh Med. Jour.*

## ANTIPRURITIC.—BENZOIC ACID.

RHOÉ has found a lotion of a drachm of benzoic acid to a pint of water the best antipruritic. Labbé lauds highly the arseniate of sodium, in full doses, internally, in chronic urticaria.—*Albany Med. Annals*, March.

## ZYMOTIC DISEASE IN METALS.

One of the papers read before the annual convention of the American Society of Civil Engineers at its recent session in Washington was by Capt. O. E. Michaelis of the army, on "An instance of Zymotic Disease in Metal." The hygienic condition of metals has of late become an interesting study for thoughtful physicists. What is known as "the fatigue of metals" is a fact of great importance, showing that metals, like men, can be utterly worn out by a constant strain on their fibres, whereas a little rest would so recuperate them as to make them last a good deal longer. The therapeutics of metals must one day become an important part of the healing art, since machine labor is now so general. It is not wise for greedy capitalists to work their machines too many hours a day, as if toil were not exhausting. There is no doubt that for many metallic tools Sundays are most welcome institutions, while an occasional half holiday greatly helps to prolong their lives. "A Peculiar Phase of Metallic Behavior" was another title on the society's programme, though possibly this may refer to the essay already spoken of, as it was attributed to the same author. The philosopher who wrote of "The Total Depravity of Inanimate Things" perhaps went too far; but it is certain that the physical diseases of metals are demanding and receiving the attention of the learned.—*N. Y. Daily Sun*, June 9.

## IODOFORM IN INFANTILE CONVULSIONS.

Dr. WINDELSCHMIEDL writes that iodoform is very efficacious in convulsions of infants and that its action is not purely palliative but often radical. He uses the following formula:

R. Iodoform 10 to 50 centigrammes; iodide of potassium, 1 gramme; wine of Tokay, 10 grammes. M. Take in three doses.—*Jour. de Therapeutique*.—*Therap. Gaz.*, March.

## INCONTINENCE OF URINE IN CHILDREN.

Dr. JANEWAY, in the *N. Y. Medical Record*, says, the combination of ergot, belladonna, and iodide of iron, proves more useful for incontinence of urine in children than either of the drugs alone, or than any other combination which has been tried.—*Can. Jour. Med. Sc.*, April.

**QUARTERLY EPITOME**  
**OF AMERICAN**  
**PRACTICAL MEDICINE AND SURGERY;**  
**Supplementary**  
**TO**  
**BRAITHWAITE'S RETROSPECT;**

CONTAINING A RETROSPECTIVE VIEW OF EVERY DISCOVERY AND PRACTICAL IMPROVEMENT IN  
THE MEDICAL SCIENCES, ABSTRACTED FROM THE CURRENT MEDICAL JOURNALS  
OF THE UNITED STATES AND CANADA.

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# PRACTICAL MEDICINE.

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## DISEASES AFFECTING THE SYSTEM GENERALLY.

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### THE AGE OF BACILLI.

The history of the Science of Medicine teaches in no uncertain terms the fact that, from the beginning of the world of medicine, our profession has been at different times dominated and influenced by certain theories, all of which have seemed at the time to possess sufficient reality to cause them to influence and direct the whole tendency of medical research and clinical treatment into channels in accord with their teachings. The humoral theory of disease, at one time accepted by the greatest medical teachers as the source of all our ills, is only one out of many illustrations that could be adduced to substantiate this proposition.

All the various theories that have been presented from time immemorial, have had for their basis the fundamental idea of the presence in the body of some foreign element or elements, of some pathological constituent of the human body, which, being abnormal and inimical to healthy life, was the direct cause of disordered or morbid manifestations, thereby producing a diseased condition of the organism.

In this general age of progress, our profession is not behind the times. We have now our "*new departure*;" we are now dominated by a new idea concerning the causative agency of disease, and one that seems to possess more rational grounds for acceptance than any that have gone before.

Commencing really with the experiments and experience of Jenner, this idea of *bacilli* has been gradually engrafting itself upon the minds of medical investigators, until to-day we have it claimed that several of the most serious and most prevalent diseases known to men are produced by the presence of bacilli in the body.

From Italy we have the *bacillus malarie*, of Tommasi Crudelli; from Germany the *bacillus typhosus*, of Klebs; from America the *bacillus* of diphtheria, of Wood & Formad; from France the *bacillus anthracis*, of Pasteur; and lastly, from Berlin the *bacillus tuberculosis*, of Koch.

This word *bacillus*, new and unintelligible to many of our readers, really means, in all instances, a minute animal or vegetable parasite, which, entering the body and possessing the power of growth and reproduction therein, gives rise to the various forms of disease, according to the nature of the bacillus introduced.

The experimental research in these different cases, carefully conducted by experienced investigators, and covering a long period of time, would seem to establish as definitely as our present means of research will allow us to determine, that the presence of these parasites is really the essential cause of the disease in question.

We have had occasion, during the past few months, to note, in the columns of this journal, the occurrence of what would seem to be pneumonia from contagion.

Would it be too much of a stretch of the imagination to suppose that this disease, and, indeed, that of all other diseased conditions of organic life, may be due to the presence of parasites.

It would certainly seem very plausible for us to hold this theory, in the light of modern research; and reasoning from such a basis, a broad field is opened up for the use of young, active men, who are ambitious to distinguish themselves as original investigators.

But the real, true, vital question has not yet been met, and it is in this direction that future investigations should be especially directed.

Pasteur has succeeded in discovering a method of artificial cultivation of his bacilli, by which he can so reduce their virulence that they will be deprived of their extremely dangerous power to cause fatal disease, yet will retain sufficient of their original force to so impress the systems of the lower animals as to confer upon them immunity from the disease in its more serious and fatal form; in reality, he vaccinates them as a preventive of anthrax or splenic fever, just as the human being is vaccinated as a preventive against smallpox.

Koch has succeeded in developing his bacilli outside of the body, artificially, for a period of six months, and then has produced tuberculosis in the bodies of animals inoculated with these artificially developed parasites.

But the practical point that we now desire, and toward which these discoveries direct our attention, is some remedy capable of destroying the vitality, and therefore the power of mischief, of these little foreign rascals. If one set of investigators will devote their time to elucidating the nature of the bacilli or parasite of any particular disease, and then themselves or others following in their footsteps will investigate and experiment until some means has been devised by which the foreign body in each particular case may be destroyed then we will have accomplished a great practical feat in therapeutics.

We have now a good pathological foundation upon which to erect our superstructure of therapeutics in these diseases due to bacilli; let us avail ourselves of the opportunity, and the nineteenth century will truly be the age of medical progress.—*Editorial in Med. and Surg. Rep.*, June 24.

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## THE TUBERCLE PARASITE.

Prof. JOHN TYNDALL's Luminous Account of Dr. Koch's Investigation.

On the 24th of March, 1882, an address of very serious public import was delivered by Dr. Koch, before the physiological society of Berlin. It touches a question in which we are all at present interested—that of experimental physiology—and I may, therefore, be permitted to give some account of it in the *Times*.

The address, a copy of which has been courteously sent to me by its author, is entitled "The Etiology of Tubercular Disease." Koch first made himself known by the penetration, skill, and thoroughness of his researches on the contagion of splenic fever. By a process of inoculation and infection he traced this terrible parasite through all its stages of development and through its various modes of action. This masterly investigation caused the young physician to be transferred from a modest country practice, in the neighborhood of Breslau, to the post of Government Advisor in the Imperial Health Department of Berlin.

From this department has lately issued a most important series of investigations on the etiology of infective disorders. Koch's last inquiry deals with a disease, which, in point of mortality, stands at the head of them all. If, he says, the seriousness of a malady be measured by the number of its victims, then the most dreaded pests which have hitherto ravaged the world—plague and cholera included—must stand far behind the one now under consideration. Koch makes the startling statement that one-seventh of the deaths of the human race are due to tubercular disease, while fully one-third of those who die in active middle-age are carried off by the same cause. Prior to Koch it had been placed beyond doubt that the disease was communicable; and the

aim of the Berlin physician has been to determine the precise character of the contagium which previous experiments on inoculation and inhalation, had proved to be capable of indefinite transfer and reproduction. He subjected the diseased organs of a great number of men and animals to microscopic examination and found in all cases, the tubercles infested with a minute, rod-shaped parasite, which by means of a special dye, he differentiated from the surrounding tissue. It was, he says, in the highest degree impressive to observe in the centre of the tubercle cell the minute organism which had created it. Transferring directly, by incubation, the tuberculous matter from diseased animals to healthy ones, he in every instance reproduced the disease. To meet the objection that it was not the parasite itself, but some virus in which it was imbedded in the diseased organ, that was the real contagium, he cultivated his bacilli artificially, for long periods of time and through many successive generations. With a speck of matter, for example, from a tuberculous human lung, he infected a substance prepared, after much trial, by himself, with a view of affording nutriment to the parasite. Here he permitted it to grow and multiply. From this new generation he took a minute sample and infected therewith fresh nutritive matter, thus producing another brood. Generation after generation of bacilli were developed in this way, without the intervention of disease. At the end of the process, which sometimes embraced successive cultivations extending over half a year, the purified bacilli were introduced into the circulation of healthy animals of various kinds. In every case inoculation was followed by the reproduction of the parasite and the generation of the original disease.

Permit me to give a further, though still brief and sketchy, account of Koch's experiments. Of six guinea-pigs, all in good health, four were inoculated with bacilli derived originally from a human lung, which in fifty-four days had produced five successive generations. Two of the six animals were not infected. In every one of the infected cases the guinea-pig sickened and lost flesh. After thirty-two days one of them died, and after thirty-five days the remaining five were killed and examined. In the guinea-pig that died, and in the three remaining infected ones, strongly pronounced tubercular disease had set in. Spleen, liver, and lungs were found filled with tubercles; while in the two uninfected animals no trace of the disease was observed. In a second experiment, six out of eight guinea-pigs were inoculated with cultivated bacilli, derived originally from the tuberculous lung of a monkey, bred and rebred for ninety-five days, until eight generations had been produced. Every one of these animals was attacked, while the two uninfected guinea-pigs remained perfectly healthy. Similar experiments were made with cats, rabbits, rats, mice, and other animals, and without exception it was found that the injection of the parasite into the animal system was followed by decided, and, in most cases, virulent tubercular disease.

In the cases thus far mentioned inoculation had been effected in the abdomen. The place of inoculation was afterward changed to the aqueous humor of the eye. Three rabbits received each a speck of bacillus-culture, derived originally from a human lung affected with pneumonia. Eighty-nine days had been devoted to the culture of the organism. The infected rabbits rapidly lost flesh, and after twenty-five days were killed and examined. The lungs of every one of them were found charged with tubercles. Of three other rabbits, one received an injection of pure blood-serum in the aqueous humor of the eye, while the other two were infected in a similar way, with the same serum, containing bacilli derived originally from a diseased lung, and subjected to ninety-one days' cultivation. After twenty-eight days the rabbits were killed. The one which had received an injection of pure serum was found to be perfectly healthy, while the lungs of the two others were found overspread with tubercles.

Other experiments are recorded in this admirable essay, from which the weightiest practical conclusions may be drawn. Koch determines the limits of temperature between which the tubercle-bacillus can develop and multiply. The minimum temperature he finds to be 86° Fahrenheit and the maximum 104°. He concludes that, unlike the bacillus anthracis of the splenic fever, which can flourish freely outside the animal body, in the temperate zone



animal warmth is necessary for the propagation of the newly discovered organism. In a vast number of cases Koch has examined the matter expectorated from the lungs of persons affected with phthisis and found in it swarms of bacilli, while in matter expectorated from the lungs of persons not thus afflicted, he has never found the organism. The expectorated matter in the former cases was highly infective, nor did drying destroy its virulence. Guinea-pigs infected with expectorated matter, which had been kept dry for two, four and eight weeks respectively, were smitten with tubercular disease quite as virulent as that produced by fresh expectoration. Koch points to the grave danger of inhaling air in which particles of the dried sputa of consumptive patients mingles with dust of other kinds.

It would be mere impertinence on my part to draw the obvious moral from these experiments. In no other conceivable way than that pursued by Koch could the true character of the most destructive malady by which humanity is now assailed be determined.—*Amer. Med. Jour.*, July.

### THE BACILLI OF TUBERCLE.

At the Physiological Laboratory at King's College, Mr. Watson Cheyne and Mr. E. M. Nelson exhibited some specimens showing the bacilli found in tubercle, prepared by Dr. Koch, and brought over to this country by Dr. Goldammer. On one slide was a miliary tubercle from the human lung, crushed and spread out on a cover-glass, and stained with methylen blue and vesuvin; in this, the bacilli appeared as delicate blue rods among the brown-stained nuclei and granular material. The second specimen was a section of a tuberculous mesenteric gland, from a guinea-pig which had been inoculated with tubercle; the bacilli lay in large numbers among the nuclei toward the outside of a tubercle. The third was a section of a tuberculous mesenteric gland from a cow affected with bovine tuberculosis (*Perlsucht*). This specimen demonstrated the presence of bacilli in the interior of giant-cells. The discovery of the bacilli in this case was much more difficult than in the others; but on carefully focussing, several minute delicate blue rods could be found. Mr. Cheyne showed other forms of bacilli for comparison with the tubercular varieties. Large numbers of the bacilli, which have been described as occurring in leprosy, were shown in a section of a leprous nodule. These differ from the tubercle bacilli in being more pointed at the end, and in being stained by methyl violet (Weigert's nuclear method of staining). There was also a specimen of the bacilli which produce septicæmia in house-mice, and of a long delicate form which apparently caused erysipelas in the ear of rabbits (see Koch's *Traumatic Infective Diseases*). In contrast to these was a splendid specimen of the bacilli of anthrax in the lymph-sinuses of a lymphatic gland. It is satisfactory to have seen and confirmed the presence of these organisms in tubercle; while by the exhibition of other forms of pathogenic bacilli, each having their special characteristics, one is led to see that the presence of these organisms in the morbid processes can hardly be a matter of accident. The lenses employed were Zeiss'  $\frac{1}{4}$  oil, with Abbé's condenser, and Powell and Lealand's  $\frac{1}{4}$  oil and  $\frac{1}{10}$  water immersions, with achromatic condensers. The demonstration was largely attended, most of the best known British authorities on the germ-theory and on antiseptic surgery being present.—*British Med. Jour.*—*Med. Herald*, June.

### CARBOLIC VAPOR vs. BACILLI.

Mr. R. B. MADDISON an Englishman, living in Yorkshire, writes in support of Prof. Tyndall's letter on Dr. Koch's discovery concerning tubercular disease, that in the Spring of 1871, being then a consumptive patient in Madeira apparently beyond recovery, he tried the use of carbolic acid as a protection at his bedside from mosquitoes and at once found that it had a

beneficial effect on his lungs. Seeing this, he continued its use, and in the summer went to England, where he has since remained in excellent health. He has no doubt that the carbolic vapor inhaled destroyed the *bacilli*.—*Gaillard's Med. Jour.*, May.

### SWEATING SICKNESS OF THE 16TH CENTURY.

The Boston *Medical and Surgical Journal* contains an interesting account of this strange disease that visited England five times in the early part of the 16th century, and carried off over thirty thousand victims. The disease usually began with a little fever, possibly a slight pain in the head and heart; when suddenly a most profuse sweating would occur, by which such great prostration was produced that in many cases the victims died in two or three hours. It would seem that the disease was due to defective hygienic surroundings and to improper modes of life. Drugs had little or no influence over it. The disease was not always fatal, nor did one attack protect from a second. Cardinal Wolsey was four times attacked. The disease has now disappeared from England, but it was observed among the Turks during the Crimean war, in the hospitals at Scutari.—*Med. and Surg. Rep.*, July 1.

### SPREAD OF INFECTION BY RAGS.

In the *Practitioner*, Dr. H. Franklin Parsons contributes a very interesting article on this subject, from which we note his conclusions as follows:

1st. That cases of infection by means of rags do occasionally occur, although, comparatively speaking, not very frequently.

2d. That smallpox is the disease most likely to be thus conveyed.

3d. That all rag workers should be vaccinated and re-vaccinated.

4th. That dust should be avoided. The preliminary dusting of the rags before sorting is to be recommended, but the dust should not be allowed to contaminate the air of the workroom.

5th. That certain measures of disinfection are available, among which exposure to air, fumigation with sulphurous acid, and exposure to hot air or high pressure steam may be mentioned, each of which has its advantages and drawbacks under certain circumstances.

6th. That in the absence of means by which it may be known whether or not rags have been infected, the cases in which disinfection would appear specially desirable are (a) rags from places where epidemics are known to exist; (b) rags in a filthy state; and perhaps (c) foreign rags, especially if coming within the two previous categories.—*Med. and Surg. Rep.*, July 29.

### NEW CARRIERS OF CONTAGION.

A singular microscopical discovery, which may prove highly important in a sanitary point of view, has been made by Thomas Taylor, M. D., of Washington, microscopist of the Department of Agriculture. About a year ago, while dissecting the proboscis of a common house-fly, Dr. Taylor discovered minute, snake-like animals moving quickly from the proboscis. Continuing his experiments from time to time since then, he finds that house-flies are very frequently inhabited by these animals. He has found them generally in the proboscis of the fly, although they sometimes are found in the abdomen, and he thinks that since flies are carriers of these minute, snake-like animals, they may in like manner be conveyers of contagious germs. These animals measure about  $\frac{1}{100}$  to  $\frac{1}{60}$  of an inch in length, and about  $\frac{1}{1000}$  of an inch in diameter. They are classed under the *Nomatoide*, genus *anguillula*. They are much larger than trichinæ, or so-called vinegar eels.

Dr. Taylor has found as many as seven of these animals in the proboscis of one fly and three more in the abdomen, ten in all. Sometimes none are dis-

covered, sometimes only one. But sometimes four are seen. Their presence is usually indicated by a rolling movement in the interior portion of the proboscis. When this is observed, if a drop of water be placed upon it the animals will readily leave the proboscis and take to the water. They are frequently observed passing in and out of the proboscis to and from the water, as if the proboscis were their natural home. A power of twenty-five diameters is sufficient to observe their general movements, but for examinations of their general movements and structure, from two hundred and fifty to five hundred diameters is necessary. They are preceptible to the naked eye in a certain light. Dr. Taylor proposes to make an experiment of feeding flies on trichinozed meat, to test the possibility of trichinæ, or eggs of trichinæ being taken up by flies. The experiments may lead to very useful results in a sanitary point of view.—*Sanitary News, June.*

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### MORNING DRAMS.

If there is one form of "drinking" more injurious than others it is that which consists in the frequent recourse to drams at odd times between meals. That there is a great deal of this sort of tipping in vogue cannot be doubted, when we take cognizance of the very large and, as it would appear, the increasing number of young men and even women of respectable appearance who are to be met in the streets of London or any large city as early as noon already to an evident degree under the influence of an intoxicant. Discounting the multitude of such inebriated persons or habitual debauchees, and those who drink so deeply at night that they retain the effects of the poison until late in the following day, it is still only too plain that a considerable proportion of the staggering and half-unconscious or unduly excited individuals about are the victims of the morning dram. It is a serious question whether public houses should be allowed to begin the day before noon. It is surely unnecessary that workmen and workwomen should commence their potations earlier than the usual dinner-hour. As it is, no sooner have the bricklayers, painters, plumbers, plasterers, or carpenters engaged in the repair of a house returned from their breakfast and arranged their tools than they go or send for beer. The result of this early beginning of the drink-business is that before the afternoon has well set in they are apt to be practically useless or only able to labor with a great effort for self-control. While the doors of the public houses stand open those who have money will enter and buy drink. Perhaps if the purveyors of intoxicants were not at liberty to commence their dangerous trade until just before the first meal in the day at which stimulants are legitimately taken, there would be a less common use of the "morning dram," one of the most mischievous "drinks" in which the multitude, especially the young, can possibly indulge.—*London Lancet.—Indep't Pract., May.*

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### LEPROSY.

From a discussion in the New York County Medical Society of June 26th, as reported in the New York *Medical Gazette*, it appears that leprosy is increasing in this country. It comes chiefly from the Chinese, Japanese and the natives of the Sandwich Islands. The disease does not appear to be contagious, but it is communicated only by the introduction of the blood or secretions of an affected person into the system of one free from the infection.

In Honolulu where the disease was introduced during the last forty years, and now exists to an alarming extent, Dr. Fitch contends that leprosy is the fourth stage of syphilis. It appears that these two diseases are often found together in the same person. Sixty-seven per cent. of those having leprosy in Honolulu have constitutional syphilis as well. It does not attack the white race as readily in these islands as the natives.

This most disgusting disease appears to be increasing somewhat in this country. In the eleemosynary institutions of New York and New Orleans it

is not uncommon. Colonies of lepers exist in Canada and below New Orleans, under proper regulations by the State.

In the treatment of such cases no permanent good is derived from medicines. Isolation appears to be all that can be done, and proper means provided for their comfort and support. Care of course must be taken that no inter-marriages occur between parties who inherit the taint, for the disease does not always show itself till after the period of puberty.—*Pittsburgh Med. Jour.*, Aug.

#### JAFFÉ ON EPIDEMIC CEREBRO-SPINAL MENINGITIS.

The 17 cases which the author relates (*Deut. Archiv für Klin. Med.*) and which were mostly observed by himself, are not recorded for the purpose of setting up new theories, but are intended to correct many errors which exist in regard to etiology, etc. He, therefore, first gives a summary of cases of like nature and of the results of all observations. The author maintains that the meningitic virus is a specific one, and considers it a waste of time to endeavor to prove its connection with other infectious diseases. It is certain that the disease in question is a specific infectious one, which may occur sporadically as well as epidemically, and may be spread by contagious as well as by miasmatic influence. As we are not yet clear as to the nature of the virus, we must, for the present, consider the two questions, as to the origin of the virus and the etiology of the disease, as unanswered; but as a fact, we can record that it exists, and, as probable, we may assume that it is less a miasma than a contagium. Whether it be fixed or volatile, whether "vivum" or otherwise, or if parasitic, we know not as yet. Jaffé examined, microscopically, the blood and exudations found in the cerebro-spinal cavities, but found no organisms of any kind. He feels justified, therefore, in denying that cerebro-spinal meningitis is a parasitic disease (from a modern point of view). Prodromal symptoms were found in ten cases. Headache occurred in fourteen, and delirium in ten; of the latter, two were of a maniacal character, and had been admitted as suffering from delirium tremens. Episthotonos occurred sixteen times; hyperæsthesia, eight; anæsthesia, once only; ocular changes, ten times; aural troubles, once, in the form of purulent otitis media, with perforation of the membrana tympani. In two pneumonia, in one bronchitis, and in one gangrene of the lungs occurred. There were two cases of ulcerative endocarditis, complicated once with purulent pericarditis. Splenic swelling was observed thrice, passive albuminuria once, arthritic affections five times. The duration was two or three days as the minimum, four months as the maximum. Ten cases ended in death, seven in recovery; mortality being 59 per cent. The diagnosis is most difficult in the early days of the sporadic cases. We have to distinguish between the diseases idiopathic (traumatic) spinal or cerebro-spinal meningitis, tubercular meningitis, typhoid fever, intermittent fever, asthenic pneumonia, tetanus, delirium tremens, and acute mania. The etiology of the first disease is an important aid, but it must be borne in mind that wounded persons are most sensitive to the meningitic virus; it is often impossible to distinguish tubercular meningitis, as two of the reported cases show. Typhoid fever is recognised by the gastric symptoms, which soon appear, and the absence of spinal symptoms, as well as the presence of the splenic tumour; intermittent fever by the beneficial effect of quinine. The other diseases are distinguishable in their further progress. The treatment consisted in the application of ice to the spine and administration of narcotics, calomel in large doses, luke-warm and cold baths. The author found abstraction of blood, prolonged baths, and antipyretics useless; the latter disturbing the digestive faculties and lowering the patients.—*Lond. Med. Rec.*—*Med. Abstract*, June.

#### DIAGNOSIS OF TRICHINOSIS IN MAN.

The recent discussion in the public press, and at our learned societies, on the discovery of trichinæ in various articles of food, and the preventive measures adopted against these tainted provisions are familiar to all medical

men; the present time is, however, opportune for the consideration of the different forms under which trichinæ may present themselves. I am convinced that epidemics of trichinosis have passed in France unnoted, through imperfect knowledge of the symptoms of this malady. I desire to address especially practitioners in small towns, and in the country; to familiarize them with the diagnosis, symptoms, etc.

Trichinosis is not, properly speaking, epidemic, it does not attack the masses, it invades families or individuals who have partaken of the same viands. In the country, or our small towns, the same medical man is probably called to a number of cases presenting the same symptoms, from the analogy of the complications suspicion is directed to the food supply, poisoning is suspected.

In Paris, if two or three families were attacked, as many different medical men would be called in, so that the comparison of the complications and the singularity of so many sufferers with similar symptoms would pass unnoticed. Difficulties arise, too, which are simplified in small towns, or in the country. In the latter place it is easier to trace the attack, from house to house, to the shop of the dealer.

In order to facilitate inquiry I shall briefly run over the principal symptoms of trichinosis.

*History.*—Before describing the symptoms a few words are necessary on the discovery of trichinæ, and on the manner in which this parasite behaves in the economy. For some years the presence of a worm in the muscles in an encysted state was recognized. Owen, in 1835, gave the name of trichinæ spiralis to the parasite; up to 1860 the mode of development of this parasite in spite of research was unknown. Zenker, however, in 1860, threw light on the evolution of the parasite. At this time Zenker was professor of pathological anatomy at Leipzig, he was attending some alterations in the muscles in typhoid fever. Whilst making an autopsy on the body of a girl, presumably dead from typhoid, he found the muscles to contain trichinæ, in a free state, without apparent cysts. There was no ulceration of Peyer's patches, no trace of typhoid fever, but the intestinal mucus furnished worms exactly similar to those found in the muscular layers, but provided with completely developed genital organs. It was ascertained that this young woman had eaten some pork. Zenker obtained some of the pork, and found it infested with trichinæ. He cleared up the obscure point in the evolution of the trichinæ; before becoming encysted in the muscles the worms fecundated in the intestines, from whence the embryos migrated to invade the muscular tissues. Zenker's experiments were repeated by Virchow and Leuillard and confirmed. Numerous cases of trichinosis have been since reported in Germany and England.

*Description of the trichinæ.*—The trichina is a filiform worm of the length of eight lengths of a millimetre to a millimetre, spirally rolled in the interior of a cystic membrane, interposed between the muscular fibrillæ, in the connective intra-muscular tissues, and not in the muscular fibres themselves. Ingested with infected pork the trichinæ emerge from their cyst, and after a few hours may be found free in the stomach, from which they pass to the intestines, where they undergo development. Embryos may be found in about seven days. These embryos develop in the interior of the female; expelled by the vagina they may be found in the intestinal mucus under the form of small threads, then in the mesenteric ganglia, in the peritoneum, pericardium, whence they spread to all the muscles. They destroy the contractile tissues, then roll themselves into coils raising at one point the sarcolemma to form the external envelop of the cyst, whilst the core proliferates in the interior, forming a second covering. How do the trichinæ migrate? Probably by the lymphatic glands. The presence of the young trichinæ in the mucus membrane, and in the mesenteric ganglia seems to prove it. Zenker and Thudicum say they have seen embryos in the blood of man. It is certain that the muscles first invaded are those nearest the intestine, as diaphragm, and intercostal, and abdominal muscles. The trichinæ accumulates toward the muscular insertion. The heart is the only muscle free from the invasion.

*Symptoms of the Malady.*—We must not expect to meet with all the symptoms described in books. The disease proceeds by groups of symptoms. I shall describe the morbid forms in the following order:—1st. Gastro-intestinal form. 2nd. Rheumatoid form. 3rd. Œdematous form. 4th. Typhoid form.

I. *Gastro-intestinal form.*—Trichinous individuals are taken without apparent cause, with serious digestive derangements; epigastric *malaise*, with a sense of fullness; nausea; vomiting. The time of vomiting is variable; sometimes it takes place on the same day as food was taken or the day after, or three or four days. These gastric troubles are often attended by diarrhoea of a choleraic type. The physician may treat the case as one of simple indigestion, or may believe it choleraic. The microscope will remove all doubt. There are two points worth noting in this form, there is excessive perspiration, and extreme muscular prostration.

II. *Rheumatoid form.*—In this type muscular pains predominate. Patients experience great fatigue accompanied by violent pains which prevent movement. There is a sort of weakness, painful paresis. About the eighth day the muscles become swollen and hard as a plank, very sensitive to pressure. If the trichinæ have invaded arms and legs, test the muscles, the flexors are always more seriously affected than the others. Palpation gives a feeling of hardness; but the muscles of the limbs are not the only ones attacked. The trichinæ may fix themselves in the muscles of the jaw, pharynx, larynx, and eye. The muscles of respiration, especially the diaphragm are always attacked, dyspnoea may be observed, but this will vary according to the number of parasites fixed in the muscles of respiration. Pain is a leading symptom, and this pain may be put down to rheumatism, syphilis, neuralgia, etc. The physician will, however, be on his guard if gastro-intestinal trouble has been previously noted. The muscles may be pierced by the trocar of Duchenne, or the harpoon of Modeldays, and the trichinæ sought for in the fragments removed. This is not a certain test, for you may take away a fragment of muscle perfectly healthy which may be alongside a completely trichinised fascia. It is better to make a retrospective inquiry as to what the patient has eaten.

III. *Œdematous Form.*—This is the most characteristic type. Patients come to you with their faces swollen, especially their eyelids, complaining of extreme prostration. This edema may be unilateral when it is, so to say, pathognomonic, or it is dual. When joined to these symptoms we have muscular weakness and gastro-intestinal disturbance, the diagnosis is simplified. This œdema may become general or give place to œdema of the extremities. This is explained by disturbance of the circulation by obliteration of the small vessels by the trichinæ.

IV. *Typhoid Form.*—This form of trichinosis presents more than one analogy with typhoid fever. The temperature is raised and the fever continued. The aspect, prostration, respiratory trouble recall the onset of typhoid. The acute form may be put down to spinal derangement. These phenomena will assist you: 1st. The profuse perspiration which does not exist in typhoid fever, where the skin is excessively dry. 2nd. The œdema of the face, observed in nine cases out of ten of trichinosis. 3rd. The rapid subsidence of the fever. I might make a fifth class under the name *nervous*. M. Le Roy De Mericourt believes that there is a certain analogy between these symptoms and those of acrodynia, which prevailed in Paris in 1829, and which may be attributed to poisoning by trichinæ. I might speak of the various furuncular, miliary, pustulous eruptions which have been noticed in a certain number of cases.

*Résumé*—The four forms of the malady which I have just described may combine, though intestinal disturbance may be absent, yet the muscular pain, the intestinal disturbance, and the swelling of the face, will almost constantly be found. The typhoid form is usually seen in those cases which terminate fatally, death taking place from the twelfth to the thirteenth week, with stupor, delirium, and all the phenomena of adynamia. This short sketch will put practitioners on their guard against error, and facilitate the diagnosis of trichinosis.—*La France Méd.—Clin. Record.*

## DIPHTHERIA.—GLYCEROLS OF TANNIN AND CARBOLIC ACID.

In the *British Medical Journal*, Dr. H. CRIPPS LAWRENCE thus writes:

The following combination of the glycerols of tannin and carbolic acid has proved itself, during a considerable experience of diphtheria and scarlet fever, a highly efficient application in my hands, viz.:

R. Glycerini acidi tannici, 3 vij; glycerini acidi carbol., 3 j. M.

In the application of glycerine as an absorbent, it is of practical importance that a small proportion of water should be added to it. In order to secure this, a sufficiency of glycerine should be placed in a saucer, and a throat brush dipped in water should first be stirred into the glycerine before applying it to the throat and fauces. The combination above mentioned has been found practically the most efficient proportion for securing the necessary astringent and antiseptic results, without irritation. An application, twice or at most thrice, in the twenty-four hours, secures the utmost benefit the remedy affords. It is seldom that any additional local remedies are required, but it is wise to precede the application of the glycerols with gargling the fauces and washing out the mouth with a solution of permanganate of potash and water, and to use the sulphurous acid spray, the double advantage that follows being that the fauces are the better prepared to benefit from the glycerine, and that the safety of the practitioner is increased in the event of the patient expectorating any false membrane during the act of swabbing. To further increase the safety of the medical attendant, a glass screen placed between him and the patient will afford protection, without limiting the efficiency of the procedure. —*Amer. Med. Digest*, June.

## DIPHTHERIA.—CONTINUOUS SPRAY.

Dr. JACUBASCH reports from the Kinder-Klinik der Charité some interesting results of the use of medicated vapor in the local treatment of diphtheria during a recent epidemic (*Berl. Klin. Woch.*, May 29). He does not employ the ordinary atomizers, but a spray-producer with a capacity of about three litres of water, which is heated by a gas-jet. A special room was set apart for the inhalation, and when the apparatus was put in action it filled the room with an impenetrable mist in a very brief time; this atmosphere was breathed on the average for about six days, and apparently with good result. A one per cent. solution of alum was generally used in the atomizer. Altogether, thirty-one children, three suffering with croup, twelve with idiopathic and sixteen with scarlatinal diphtheritis, were treated in this series of cases, of whom seventeen died; but it is to be observed in explanation of the mortality that it in reality is small, on account of the malignant character of the epidemic and the bad condition of the cases sent to the hospital. Thirty-three other cases, admitted during the same period, were treated in the usual method without the spray; of these all the cases (four) of croup died, of idiopathic diphtheria six, and of scarlatinal diphtheria eleven, or, in all, twenty-one deaths.

In addition to the special treatment, the internal administration of quinia, or decoction of calisaya, is considered essential, with good food and wine. Cold baths are condemned, but lukewarm baths (20° to 25° R.) are often of great service in reducing restlessness and high temperature. Tracheotomy was successfully performed under the spray, and antiseptics are recommended to dress the wound subsequently, the cannula being removed on the fourth day, but reinserted at night for a short time longer. The success of the treatment given by the author is illustrated by the notes of several cases in the paper. No bad effects were noticed. —*Med. Times*, July 1.

## PROPHYLACTIC LOZENGE AGAINST DIPHTHERIA.

M. HAGER (*Le Progrès Medical*) suggests the use of disinfectant lozenges, which are to be held in the mouth and chewed by persons who are necessarily

brought in contact with diphtheritic patients. The lozenges may be prepared as follows:

B. Beeswax, 3 v; black rosin, 3 jss. Mix and melt by a mild heat and add: Balsam of tolu, 5 ijss; aromatic powder, gr. lxxv; white sugar, 3 v; benzoic acid, 3 ij-ijs. Reduce all to a powder and aromatize with: Oil of naphtha, gtt. v; oil of cinnamon, gtt. x; creasote, gr. vijss-3 ss. Cool and divide the mass into one hundred lozenges. Dose, four or five a day.—*Louv. Med. News*, July 29.

#### YELLOW FEVER.—INJECTION OF PHENIC ACID INTO THE VEINS.

Dr. DECLAT, with the object of going straight at the source of the mischief, suggested the vigorous use of phenic acid, by injection into the veins and otherwise, as a means likely to prove effective against the organisms of yellow fever and kindred acute forms of malarial poisoning. The suggestion went out to Brazil, and in June last M. DeLacaille, a French physician resident in Rio, wrote home his experience of it. The first case in which he tried it was a young lady apparently at the point of death from the worst form of the disease—a fever attended with the fatal black vomit. In three days she was out of danger. "During the thirty years in which I have been employed in fighting yellow fever," writes M. De Lacaille, "this is the first patient whom I am certain of having snatched from death at such a period of the disease." In a dozen other cases the treatment was crowned with equal success; but in most of them, adds M. De Lacaille, "the cure was so rapid that, notwithstanding my long experience, I have asked myself if they could really have been yellow fever. Called in at the period of incubation, the triumph has been easy.—*N. Y. Med. Times*.—*So. Med. Record*, June.

#### RETRO-PHARYNGEAL ABSCESS AND SCARLET FEVER.

Dr. LEWANDOWSKY, in recording two cases of retro-pharyngeal abscess after scarlet fever, in the *Berliner Klinische Wochenschrift*, No. 8, draws attention to the comparative rarity of this complication of scarlet fever, although inflammatory conditions of contiguous or neighboring parts of the neck are so very common. Dr. Schimtz did not find one single case in the St. Petersburg Children's Hospital among 450 cases of scarlet fever. Dr. Bokai, on the other hand, gives seven cases as occurring among 664 cases of scarlet fever, being in the proportion of seven out of 154 cases of retro-pharyngeal abscess which he had collected together. *Case 1*.—A child, one year old, contracted the fever (two other children had died of the malignant form), apparently not very severely. There was early some inflammation about the posterior nares, as evidenced by copious muco-purulent discharge from, and swelling about the base of the nose. Fauces not unduly inflamed or affected. About three weeks after the commencement of the fever, convalescence being slow and variable, but without any symptoms specially pointing to the retro-pharynx, a swelling was noticed on the left side of the median line, with distinct fluctuation. An incision was made into it, and about half an ounce of thin yellow pus let out. The child then rapidly recovered. *Case 2*.—A boy, aged seven months, sickened with a mild attack of scarlet fever. The catarrhal symptoms in the fauces were slight; but there was a copious discharge of muco-purulent material from the nares. Convalescence was proceeding slowly, when (on the tenth day) a peculiar snorting respiration came on. On examining the fauces, a swelling was seen, which fluctuated on pressure. An incision was made into it, and a tablespoonful of good yellow matter was evacuated. The child soon recovered completely. In some remarks, the author points out that it is especially in young infants that this form of abscess mostly occurs. They were on one side of the fauces only; their development was slow, and subacute in form, and thus there were none of the symptoms of suffocation and difficulty in swallowing which occur in more acute cases. On this



account, perhaps, they may occasionally be overlooked. Mere inspection of the fauces does not suffice for their recognition; the finger is almost always necessary. Prognosis is not unfavorable; an incision is the proper treatment to adopt.—*Med. Times and Gaz.*—*Cin. Lan. and Clinic*, June 8.

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### DIFFERENTIAL DIAGNOSIS OF TYPHOID FEVER AND TUBERCULAR MENINGITIS.

A similarity of symptoms exists between typhoid fever and tubercular meningitis, and the differential diagnosis is frequently made with difficulty. In a communication to the *Philadelphia Med. Times* Dr. Lambert Ott formulates their differential diagnosis, and calls attention to a symptom not previously mentioned—viz.: extreme tenderness is elicited on pressing on the femur in tubercular meningitis, whereas in typhoid fever there is no tenderness on pressure. It is well to recollect the diagnostic sign of Robin—viz.: in typhoid fever indican and albumen are present in the urine; in meningitis urohematin, but no indican or albumen, is present in the urine.—*Low. Med. News*, July 29.

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### SUDORIFIC TREATMENT OF TYPHOID FEVER.

Mr. RICHARD RYDER praises highly (*British Medical Journal*) the sudorific treatment of typhoid fever, which he has employed for twelve years. He takes incipient cases, and keeps up a continual sweating for eight or ten hours. This is repeated as often as the temperature rises very high. He sweats his patients by covering them with blankets and a macintosh sheet.—*Med. Record*, July 1.

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### CARBOLIC ACID IN TYPHOID FEVER.

Dr. RAMONET, following out the results already claimed by Desplats, Dèclat and Van Oye, as to the use of carbolic acid in typhoid fever, comes to the following conclusions (*Archives Générales de Médecine*, May, 1882): Carbolic acid does not only act as an antipyretic in typhoid fever, but it also exercises especially on this fever a curative antizymotic action. The dose of carbolic acid given by washing the external surface should not exceed sixty grains per diem. Doses greater than this are liable to be followed by dangerous secondary and immediate effects. The treatment by carbolic acid may be followed by serious pulmonary complications or by carbolic acid intoxication. Convalescence is the period in which these are especially to be dreaded. This treatment with carbolic acid, Ramonet claims, yields the best results in typhoid fever, but it should always be supplemented by tonics and cold baths, with the latter especially, it can with very great advantage be combined at times.—*Chicago Med. Rev.*, June 15.

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### SULPHUROUS ACID IN TYPHOID.

Dr. J. BURNEY YEO (*Practitioner*, June, 1882) has tried sulphurous acid in typhoid fever with, he believes, good results on the temperature curve, but without effect upon the other symptoms of the disease. The drug was given in half drachm doses every four hours. Dr. Yeo concludes that "sulphurous acid seems to be a drug of some value as an antipyretic in typhoid fever, but upon the intestinal lesions it is without influence like other remedies.—*Chicago Med. Rev.*, July 1.

### IODINE IN MALARIAL FEVERS.

We observe in several of our exchanges that a number of gentlemen have had good results from the use of iodine in malarial fevers. The directions for the use of this remedy, given by some, appear somewhat remarkable. Thus, in the *Maryland Medical Journal*, it is recommended to give the tincture of iodine in solution with gum acacia and syrup. This is simply an incompatible *mixture*, and not a solution. It is ordered to be taken a quarter of an hour before meals; this permits the combination of the iodine with the starchy articles of most "meals"—another way of rendering the drug inert.

Drs. Adolph Kleinecke and W. D. Hinchey, of the St. Louis Free Dispensary, have used a *solution* of iodine, (with iodide of potassium and simple syrup—which makes a clear solution—not a mixture), in *over three hundred cases* of malarial affections: intermittent fever, acute and chronic neuralgia, headache, diarrhœa, dysentery, etc., with almost uniform success. Not more than one per cent. of the cases were not relieved. Only *one* case reported as not permanently relieved. These cases were all followed up, none of them were seen less than two or three times, so that there can be no question as to the reality of the relief afforded by the iodine treatment.—*St. Louis Clin. Record*, June.

### MALARIAL FEVERS TREATED WITH QUININE SUPPOSITORIES.

The use of quinine by the rectum, either in the form of suppository or enema, has been recommended by Prof. Alonzo Clark, in the same dose as by the stomach. This is especially applicable to intermittents in children.—*Med. Times*, July 29.

### WILLOW-LEAVES IN INTERMITTENT FEVERS.

Surgeon CHETAN SHAH, when in Cabul in 1877-78, found that quinine disagreed with the Cabulis and Hazaras. Large doses brought on vomiting, small doses dysentery. He was led to fall back on a water distilled from the leaves of *Salix babylonica* (weeping willow) and *Salix egyptiaca*, an ancient remedy still largely prescribed by the *hakims* of India and Afghanistan. This water or the diluted juice of the leaves rarely failed as a febrifuge, and was free from irritating properties. An extensive experience has made him prefer this remedy in cases where the alimentary canal is irritable, and in intermittent fevers of long standing.—*Indian Med. Gazette*.—*Amer. Pract.*, Aug.

### QUINIDIA COMBINATION FOR INTERMITTENTS.

REED recommends the following formula in the treatment of intermittents:

R. Quinidiæ sulph., grs. xxx; oleo-resinæ capsici., grs. iij; morphinæ sulph., gr. j; syrapi, q. s. M. Ft. pill., No. x. Sig. One every three hours.

He says that if a cholagogue cathartic be given at the start, and a full opiate (preferably a hypodermic injection of morphia) an hour before the expected paroxysm, this combination has been uniformly successful in his hands, even in most obstinate cases of intermittents.

In cases of malarial cachexia he finds that many recover under the influence of sea air, without any medication. When the latter is necessary he has seen excellent results from small doses of nux vomica combined with the sixteenth of a grain of podophyllin, or one-fourth of a grain of blue pill, and repeat every four or six hours.—*So. Med. Record*, June.

### MALARIA AND DENTAL HÆMORRHAGE.

Dr. GUENARD (*Journal de Médecine de Bourdeaux*, May 7, 1882), after a somewhat extended examination of cases of hæmorrhage coming on after the extraction of teeth comes to the following conclusions respecting this: Among the numerous causes of internal origin which lead to and keep up hæmorrhage after the extraction of teeth, should be included malarial infection, either recent or old. In certain cases where there are no obvious symptoms present of malarial infection, quinine sulphate will yield very good results. In conjunction with ordinary hæmostatic methods and those particularly adapted to dental hæmorrhage, quinine sulphate should always, in obstinate cases, be administered.—*Chicago Med. Rev.*, June 15.

### INTERMITTENT CHILLS AND STRICTURE.

Intermittent chills of supposed malarial origin are often due to stricture of the urethra.—*Med. Record*, July 1.

### QUINIA IN EXCESSIVE SWEATING.

Dr. T. H. CURRIE, Lebanon, N. H., says, in *Michigan Med. News*:

For over thirty years I have used the following prescription, without a single failure, in sweats from whatever cause:

Alcohol, 1 pint; sulphate of quinine, 1 drachm. M. Wet a small sponge with it and bathe the body and limbs, a small surface at a time, care being taken not to expose the body to a draught of air in doing it. In one case a neighboring physician was poisoned while dressing a mortified finger. He suffered untold misery, and was drenched with perspiration for a number of days, and his life despaired of. When I saw him I ordered him to be bathed immediately in above solution, and that this be repeated once in two hours. The third application stopped all perspiration, and convalescence began at once.—*Druggists' Cir.* June.

### ACUTE RHEUMATISM COMPLICATED BY ACUTE ENDO-PERICARDITIS.

Clinic of WM. PEPPER, M.D., Professor of Clinical Medicine, University of Pennsylvania.

We have been receiving a number of Russian refugees lately. They have been unable to speak any dialect with which we are familiar, and we have, therefore, been obliged to diagnose every case by physical exploration.

This very nice-looking lady came in yesterday, evidently suffering with acute inflammatory rheumatism, as you can see at once, by glancing at the left wrist joint. This is like studying the diseases of children and animals. You will often come across cases where, either from the condition of the patient or his inability to speak your language, you will have to depend on the physiognomy, direct exploration of organs, and the use of instruments of precision, in order to make the diagnosis. The wrist joint is not much swollen, but the way in which she holds it is perfectly characteristic. Her temperature is 101.6°. There is a decided mitral systolic murmur, quite loud and rather coarse, supposing it to be recent. There is no aortic trouble. In addition to the mitral systolic, I hear a faint mitral pre-systolic murmur, showing that there is a little roughening as well as insufficiency of the mitral valve. With this there is quite a distinct, churning, friction sound at the point of the heart. We have, therefore, an endo-pericarditis. Pressure over the heart is painful. The hands and the joints of the lower extremities are also affected with the rheumatic inflammation.

What is the treatment? We have moderate fever, acute rheumatic poly-arthritis, and acute endo-pericarditis. The tongue is dry and brownish in the centre. In cases of this kind, where the heart is already affected, I do not like to depend upon salicylic acid or the salicylates. My observation has been adverse to their use in complications of a rheumatic character. In simple acute rheumatism (rheumatic fever with poly-arthritis), I like to try the salicylates, and I give them a fair trial for a few days. If they do not then do good, it is not worth while to continue their use.

In this case the fever is moderate, and does not constitute a serious complication. As long as the fever is under 103°, it is of no consequence. The worst complication is the cardiac trouble, which, unless relieved, is going to leave this woman crippled for life. We must resort to such remedies as will, as quickly as possible, affect the heart. I therefore placed this woman upon calomel, opium and digitalis, giving her quinine, in moderate doses, by the rectum. She has received eight grains three times a day, dissolved, by the aid of a few drops of dilute sulphuric acid, in three ounces of liquid. When necessary, it was guarded by a few drops of the deodorized tincture of opium. She was given the following pill:

R. Hydrarg. chloridi mite, pulv. opii, pulv. digitalis, ʒʒ gr. ʒ. M. Ft. pil. No. 1. Sig. One every four hours.

This will, in the course of four or five days, slightly touch the gums, which is the condition I wish to produce. Over the cardiac region I shall place a blister, four inches square, followed in a few hours by a poultice, and afterward dressed with diluted resin cerate (resin cerate 1 part, cosmoline, 2 parts). The affected joints will be painted with iodine, morning and evening, and wrapped in raw cotton or wool. She will receive a light diet of gruels, broths, and milk diluted with an equal part of water. Of these she can have as much as she will take. She may also have a little lemonade. It will be interesting to watch the course of this endocarditis. Her general appearance is more favorable than we might have expected. The moderate fever and the absence of nervous complications justify us in hoping that we shall overcome the cardiac trouble.—*Med. and Surg. Rep.*, June 10.

#### TREATMENT OF CHRONIC RHEUMATISM BY MASSAGE.

V. W. M. asks for some hints in regard to the treatment of chronic rheumatism. It has often been observed that in proportion as cases of muscular pains approach to neuralgia in their characters, they become the more obstinate to ordinary forms of treatment. When the affection appears in the muscular bundles, or in groups of muscles, where the muscular tissue rather than tendons are invaded, where there are tender spots in the muscle, rather than soreness in the neighborhood of joints, where there is a tendency to periodicity in the attacks, and this without any obvious febrile movement, it has been particularly observed that the treatment adapted to the ordinary forms of rheumatism signally fails to give, at best, more than temporary relief. In such cases of myalgia (as they have been termed by Inman), counter-irritants and anodynes are of service. Soap liniment with chloral (ʒss in ʒvj) or aconitia ointment have been prescribed by Professor DaCosta (gr. j in ung. petrolei ʒij), with success, and the old Baltimore liniment of tincture of aconite, chloroform and soap liniment is also used; and hypodermic injections of morphia, morphia and atropia, colchicin or chloroform, or simple acupuncture, will also yield temporary relief from pain. Internal remedies are usually disappointing, except the restorative groups, the most common being iron in some form (Blancard's pills of iodide of iron are of great value), or phosphorus (in the form of the pill of zinc phosphide with nux vomica), and if there is distinct periodicity, the cinchona alkaloids are essential. Recently a new treatment has been highly recommended: In a communication to the *Bulletin Générale de Thérapeutique* (April 15, 1882), Dr. J. Schreiber calls attention to the great value of massage in the treatment of grave forms of neuralgia and muscular rheumatism. The physiological effect of massage upon the muscles is quite complex, but it seems certain that

it has three direct results, mechanical, thermic, and molecular, although in any given case one effect may predominate over the other.

The details of the manipulation and its different stages by compression, rubbing and kneading, and finally percussion, are explained in detail in the communication referred to, and need not here enter into consideration. The author calls attention to the fact that at the beginning the massage is sometimes so painful that a third person is required to support the patient; and after the operation is over the patient is generally fatigued, sometimes even exhausted; the temperature of the body has increased, the pulse is accelerated. But in from ten to thirty minutes the suffering caused by the massage disappears, and the patient is able to sleep. The rule is always to commence with muscular movements and to end by massage, the force of the rubbing gradually increasing toward the end. One or two minutes' rubbing is sufficient for each affected muscle, but the muscular movements and exercises should be more numerous, and may last for an hour. The skin is to be covered with a piece of soft flannel during the massage, and as it is not necessary to act upon the bare skin, incisions will not be required. After a week or ten days of daily passive exercise, a day or two of rest should be permitted. While this treatment is not claimed as an infallible cure for these obstinate, if not otherwise incorrigible cases, at least it will succeed in a striking manner when skillfully applied in patients who otherwise would be the despair of medicine.—*Col. and Clinical Record, June.*

#### BICHROMATE OF POTASSA AS A CAUSE OF DISEASE.

Dr. B. W. RICHARDSON, who, in the *Brit. and For. Medico-Chirurg. Rev.* in 1863, first called attention to the poisonous influence of the pure bichromate of potassa upon abraded surfaces, has read a second paper upon the same subject before the Medical Society of London, in which he described how, in the manufacture of the bichromate from the neutral salt, the atmosphere becomes filled with minute particles of the bichromate. Consequently workmen who do not pay strict attention to personal cleanliness, are very soon attacked by a violent prickling and burning sensation in the nose, and to a less extent in the mouth. Gradually the mucous membrane becomes eroded until the septum nasi may be entirely destroyed. A curious fact is mentioned in this connection, viz.: those addicted to the habit of "snuff-taking" are free from such poisonous influence, owing, no doubt, to the fact that snuff covers the mucous membrane, and to the frequent use of a handkerchief. Other parts of the body, such as the penis, are often the seat of this ulceration, because lightly covered or frequently handled. Horses employed at the works also suffer, and he mentions one instance where the hoofs came off and the animal died a month after the commencement of the disease. Both sexes alike are prone to infection. M. Clouet has found that those who have lost the septum of the nose in this manner never suffer from nasal catarrh. Treatment resolves itself into that of prevention by cleanliness, use of rubber gloves, etc. The subacetate of lead has been resorted to with favorable results.—*Lancet.—Med. Record.*

#### ANTIDOTES TO GELSEMIUM.

In a recent issue of a contemporary, a fatal case of poisoning by gelsemium is recorded. The reporter laments the absence of any proper antidote to this poison. He used amyl nitrite by inhalation and electricity, and injected subcutaneously carbonate of ammonia and atropia. These remedies had, it appears, but transient effects, and the patient died in five hours. The use of atropia is a remarkable instance of the kind of physiological reasoning sometimes indulged in by writers for periodical medical literature. There is between atropia and gelsemium similarity, rather than antagonism. In some very important cases of poisoning by gelsemium, morphia subcutaneously

has been used with surprisingly good effect. A physician took by mistake in the dark about a half ounce of the strong tincture of gelsemium. In a half hour thereafter he experienced the paralyzing effects—the drooping eyelids, greatly dilated pupil, hanging lower jaw, and the labored respiration. The physician summoned, not knowing the nature of the poison, supposed the symptoms were due to atropia. Acting on this theory, he injected subcutaneously, within a half hour, two grains of morphia, and in two hours the poisoned doctor was able to sit up and give an account of the accident, recovery speedily following. It has also been shown experimentally that an antagonism, to a greater or less extent, exists between gelsemium and morphia.

In treating a case of poisoning, beside the administration of morphia subcutaneously, faradization of the chest muscles and artificial respiration should be employed. As strychnia opposes to a limited extent the action of gelsemium on the spinal cord, this agent may also be judiciously administered hypodermically.—*Med. News.*

### PTOMAINES.

Dr. N. B. SIZER (King's County Society Proceedings, May, 1882,) after an exhaustive review of the literature of this subject, comes to the following conclusions: The alkaloids of cadaveric origin are distinguished not only by their basic qualities and powerful reducing properties, but by their greater or less toxic power and physiological effects as dilatation, irregularity and final contraction of the pupil, interference with cardiac rhythm, stupor, tetany, and death with cardiac systole, want of blood coagulability, loss of muscular contractility. These facts apply not only to Selm's ptomaines arising from albuminoid putrefaction, but also from certain toxic compounds contained in the normal mammalian secretions and excretions. Ptomaines and serpent venom are allied to the alkaloids of normal saliva.—*Chicago Med. Rev.*, June 1.

### ANALOGUES OF PTOMAINES.

We called attention, not long since, to those peculiar substances called *ptomaines*, which have effects very similar to the alkaloids. It has lately been ascertained by Bechamp, that products having many analogies with ptomaines exist in the gastric and pancreatic digestion of many albuminoid matters. They are formed in the course of the normal digestion of the albuminoids, and are found to react with chemical agents in a similar manner to ptomaines, and to possess the same toxic activity. The importance of these discoveries, from the toxicological point of view, is certainly very great. In testing for the alkaloids in cases of poisoning, and in the experiments on animals to determine their physiological actions, the great question of the future will be, how to differentiate between them and ptomaines.—*Med. News.*

### POISONING BY BICHROMATE OF POTASH.

A woman was charged at Birmingham, on March 28, with administering poison to her two children, and attempting to commit suicide on March 20th. Whilst suffering from depression she took two children with her into a garret, and administered to them and to herself some bichromate of potash, a salt commonly used in her trade, that of a furniture polisher. The poison produced great pain and vomiting, but no death ensued.—*Brit. Med. Jour.*—*Med. Gaz.*

### CHLORAL NARCOSIS.—AMMONIA AND CAPSICUM ENEMATA.

Five years ago the editor of this Journal successfully employed enemata of one drachm of aqua ammonia and tincture of capsicum in coffee, in a case of profound opium poisoning with suicidal intent, to which he had been sum-

moned by Drs. Roemer, Hypes and other physicians, after the employment of atropia. The same remedy has proven efficacious in profound chloral narcosis in our hands, hypodermic injections of strychnia being added.—*Alienist and Neurol.*, July.

#### POISONING BY ANACARDIUM OCCIDENTALE.

The *Phila. Med. and Surg. Reporter* records a case of poisoning by cashew nuts (*anacardium occidentale*). A policeman had a few of the nuts given to him by a sailor, being told that though the kernel was edible and sweet, the juice between the inner and outer shells was bitter and poisonous. Despite this warning he bit into one of the nuts, getting the juice on his lips and fingers. Next morning his hands and feet were oedematous, and covered with erythematous patches, which, in another day, had developed into vesicles. His neck, body, scrotum, and penis were next attacked and greatly swollen. The symptoms continued with more or less vigor for a few days, and not until a week after was recovery complete. The treatment consisted in the administration of a mixture containing sulphate of magnesia, tartar emetic, and morphia, and a lotion of sulphite of sodium.—3 grains to a pint.—was applied externally.—*Can. Phar. Journ.*, June.

#### DANGER FROM TOY PAINT TABLETS.

As these small boxes of paint tablets are sold at very low prices to children at all the toy shops, it is right to call the attention of the profession to their dangerous composition. We read in a recent number of the *Revue d'Hygiene et de Police Sanitaire*, that a child was recently poisoned in Epinal from eating a green colored tablet. The central commission of hygiene procured a number of tablets from the toy shops of Epinal, and on examination found them to consist of sulphate or carbonate of calcium and an arsenical composition (either Scheele's or Schweinfurt's green), one specimen containing the enormous proportion of 20 per cent. of the arsenical color.

Certain it is that colors are made which are innocuous, but not at the price these small boxes are sold, and the matter should receive further and careful attention.—*Med. and Surg. Rep.*, July 1.

#### POISONOUS MOULD.

A controversy on the poisonous properties of *Aspergillus glaucus* and *Penicillium glaucum* has been carried on in Germany, the affirmative side of which derives confirmation from some recent experiments made by Kaufman in Chaveau's laboratory at Lyons. Koch asserts that some experimentalists have failed because they have used *A. niger*, which is innocuous, while *A. glaucus* is always virulent. Kaufman finds that the *Aspergillus glaucus* grown upon bread causes death when injected into the blood of a rabbit, even in so small a quantity as one-tenth of a milligramme. He also determined that spores exposed to the ordinary temperature of the air do not lose their poisonous property.—*Druggists' Cir.*, July.

#### ARSENICAL POISONING FROM SARDINES.

Dr. P. S. JENKINS, in the *Medical Herald*, reports the following: He was called to see two patients, whom he found vomiting and purging violently, with pain at the epigastrium, intense thirst, dryness of fauces, extremities cold, shivering, chilly, pulse scarcely perceptible and very rapid, respiration belabored, great agitation and restlessness, intellection good. Under the fol-

lowing treatment they both recovered: Milk and eggs to protect mucous membrane; hypodermic injections of sulph., morph. and atropia, quinine; carbonate of ammonia and whisky were given as cardiac stimulants, and dialysed iron as a physiological antidote. They had both eaten sardines and oysters. Upon examination, the sardines were found to contain a large quantity of arsenic.—*Med. and Surg. Rep.*

### POISONOUS ACTION OF SANTONIN.

Dr. TESTA (*Il Morgagni*) calls attention to the dangers which may attend the careless administration of santonin. This drug is very slowly eliminated, and thus is apt to accumulate when given in repeated doses. As the result of a series of experiments on animals, he concludes that the toxic action of the santonate of sodium is not exerted on the spinal cord, but upon the brain, and especially upon the bulbar region. Patients who are taking santonin should be watched in case cerebral symptoms appear.—*Jour. de Méd. de Paris*.—*Louv. Med. News*, July 29.

### SNAKE-POISON TREATED SUCCESSFULLY WITH LIQUID POTASSÆ.

Retired Deputy Surgeon-General JOHN SHORTT, of the Madras army, having had considerable experience in treating snake-bites, and after some experiments with snake-poison, declares that liquor potassæ is the antidote to snake-poisoning, and reports several cases in which it was used successfully. This is combined with brandy, and local treatment by scarification and ligation is not neglected. Alkaline baths are used in severe cases.—*Lancet*, May 6, 1882.—*Med. Times*, July 15.

## DISEASES OF THE NERVOUS SYSTEM.

### SOFTENING OF THE BRAIN.

A good picture of disease is something always acceptable to every physician, but when this can be given in connection with the reminiscences of one who has filled well a prominent page in history, the picture is doubly welcome. The reader will derive profit, and experience a deep interest in reading this graphic description from the pen of Dr. G. Q. Gray, Dean of the Episcopal Theological Seminary, of Massachusetts. It is a picture of softening of the brain, as seen in the person of Ralph Waldo Emerson:

"Mr. Emerson has been failing for some years, but his mental decay has been serene, and free from the distressing features which so often accompany old age. You will remember our visit to him, a few years ago, when, among other signs of the coming eclipse, he could not recall the name of Whittier, in describing the dinner given the latter on his seventieth birthday. A strange feature of the case has been his loss of the sense of place. He has been unable to realize where he was, or where others were of whom he spoke; and, consequently, his conversation became often hopelessly confused. During the past year he has reverted increasingly to the past, even to events which had been forgotten. He also reverted to his old habits—among others, to that of going to church. He has been regularly in his place in the Unitarian church during the past winter, apparently paying strict attention, but yet unable to avoid vacant looks and wandering glances. His last absence from home was to attend Longfellow's funeral. His conduct was very



affecting. During the services in the house, as the friends sat about the remains, Mr. Emerson rose three times to go to the coffin and gaze on its occupant. In a wandering way he repeatedly touched the cold brow and cheeks, and studied the motionless face, evidently struggling in vain to realize what it all meant. At the public services in Appleton Chapel, although, in reply to his repeated inquiries, his daughter sought to tell him that it was the funeral of his life-long friend, he sat with a serene smile on his face, evidently unaware of the import of the proceedings. He did not know who was dead. He did not know whose funeral he was attending, or the face of his friend, over whose body he had just shed bitter tears."—*Gaillard's Med. Jour.*

### HEMICHOREA AND ATHETOSIS.

The author (*Arch. f. Psych.*, Bd. xii., p. 405), reports a case in which there were successively hemiplegia, hemichorea and athetosis. The observation is of special interest, in the first place as showing that hemichorea and other abnormal involuntary movements may develop as post-hemiplegic conditions, and in the second place as confirming Bernhardt's theory, that athetosis is merely a modified chorea.

The patient was a woman, aged 20. The nature of her first illness is unknown, but it commenced with swelling of the feet, and an affection of the speech which grew gradually worse; and in the course of a few weeks there was complete right hemiplegia and aphasia. Seven months after the commencement of her illness she was seen by Dr. Bernhardt, who observed that the right leg was dragged in walking; that the right hand and arm and upper arm were in continual, restless, rapid motion (chorea post-hemiplegica), that there was right hemianopsia; and that there was aphasia, the patient being unable to name objects or to select those named, or to repeat the names after any one.

Iodide of potassium was administered in large doses, and within five weeks a marked amelioration took place. The aphasia had greatly improved, and instead of the choreic movements of the whole arm there were only continual, slow, grasping movements of the fingers. In other words, the hemichorea had subsided into athetosis.

Three years afterward, Bernhardt saw and examined the patient, and found her condition substantially the same. There was still athetosis and right hemianopsia. The patient continued to drag the right leg a little, and the symptoms of aphasia had not altogether disappeared.—*Brain*.—*Cin. Lan. and Clin.*, June 17.

### MERCURIAL ERYETHISMUS.

Dr. LOWE (*Brit. Med. Jour.*) describes a case of fatal erythismus from mercurial inunction. The patient was a woman of thirty-five, of dissolute habits. She had been treated for five days as a case of bronchitis and cardiac weakness. When seen by the author she looked wretchedly, and appeared twenty years older than she really was. She had the mercurial tremor in every limb; her respiration was gasping, with ineffectual cough. Her pulse was feeble, irregular, and too rapid to be counted; mercurial salivation and fœtor of the breath were well marked. She suffered from thirst; there were constant vomiting and diarrhœa, both discharges contained blood-streaked mucus. The urine was scanty, albuminous, and contained blood. As time went on no urine was voided; the power of speech was lost sixteen hours before death. Warm milk and brandy were prescribed at once, accompanied with a mixture of potassic chlorate, opium, and bark. For some hours there was relief and even improvement, when suddenly she started from the bed and fell dead. And now for the inadvertence which gave rise to the case described. The poor woman's scalp was swarming with lice, and might be called one complete sore, fissured and abraded at every point. It was to get rid of these lice that she had obtained *unguentum hydrargyri* from the druggist. It was

applied in the most incautious manner for some days, so that extensive absorption resulted. It was too late, when the patient was seen by the author, to attempt anything like systematic treatment. The case is interesting in that the poison was introduced in a way that might easily escape the notice of the physician, and that tremor was conspicuous; the latter is rare, except in cases where the mercury is absorbed in the form of vapor, as among mirror manufacturers. It is often amusing to see how freely lead is administered in diarrhoea, and locally applied to the scalp in skin diseases, when we are so alarmed at the possible presence of small quantities of it in drinking water or hair dyes. So also is it curious how frequently ignorant people buy what they call "*anguinum*," to use it without advice or precaution, and entirely oblivious of the danger to which they are exposed.—*N. Y. Med. Jour.*, June.

### CEREBRAL LESIONS IN SYPHILIS.

Dr. McCALL ANDERSON exhibited before the Glasgow Pathological and Clinical Society a man, aged forty-nine. Twenty-four years ago the patient had syphilis. About fourteen years ago, after an attack of rheumatic fever, the patient had an attack of paralysis on both sides of the body—less severe, however, on the right than on the left. His recovery was speedy but never complete, slight rigidity remaining on the right side and some numbness on the left. These symptoms were aggravated after a second paralytic seizure about two years ago, and only began to disappear when the patient was put on anti-syphilitic treatment. At the commencement of the first attack there was temporary unconsciousness. For the last three years there had also been a marked tendency to sweating on the left side of the face. Dr. Anderson's diagnosis was a lesion of the motor tract of the brain of the left side, and of the sensory tract of the right side, the degeneration descending to the lateral columns of the cord. The only treatment employed was the inunction of mercurial ointment, which rapidly produced such an amelioration of symptoms that the patient left the hospital.—*Brit. Med. Jour.*—*Canada Lancet*, July.

### AMYL NITRITE IN THE NEUROSES.

Dr. J. J. KIERNAN, in the *Chicago Med. Review*, reports an interesting case as follows:

Acting upon the suggestion of Dr. E. C. Spitzka, I have given nitrite of amyl not only in melancholia, but in the cataleptoid condition of katatonia. Among the cases of interest may be cited the following: A case was admitted to the New York City Asylum in marked condition of exaltation, from which he passed into one of depression. On being urged to answer three or four simple questions, he replied slowly and with difficulty. He suffered from extreme depression and depressing delusions. He looked puzzled when asked how long he had been in the asylum, and passed into a cataleptoid condition; exhibited wax-like mobility of the highest degree, his pupils being widely dilated. Upon the inhalation of ten drops of amyl nitrite his condition changed almost instantaneously. His pupils contracted, he became communicative and perfectly rational, and expressed astonishment at the change in such a short time. Subjectively a feeling of well-being was felt, and he denied the previous existence of depressing delusions. This plan of treatment was persisted in, and the patient finally recovered.

The use of amyl nitrite has also been attended by similar results in the hands of Dr. Seguin.—*Louv. Med. News*, June 3.

### AMYL NITRITE IN TETANUS.

G. H. W. Ross reports the case of a sailor admitted to the Royal Infirmary, Glasgow, Scotland, suffering from traumatic tetanus, supervening upon an injury received in a drunken brawl three weeks previous. The symptoms

first occurred in the morning, and at evening the tetanic convulsions were almost constant. Soothing applications were made to the wound which was red and angry. A cathartic was administered. The tincture of calabar bean was given in 20 drop doses every three hours, for fifteen hours, without any effect in diminishing their frequency or severity. Nitrite of amyl was then tried in eight drop doses by inhalation at the commencement of the paroxysms. These were almost instantly aborted, and rapidly diminished in severity until they ceased entirely. Dr. Ross raises the question whether the known power of amyl nitrite to cause a determination of blood to the brain, taken in connection with its effective action in the control of tetanic symptoms, may not throw some light upon the true causation of the disease.—*Mich. Med. News.*

#### HYPODERMIC USE OF WOORARA IN TETANUS.

Impelled by the incompleteness of our knowledge regarding the effects of woorara upon man, and concerning the limits within which it may be safely utilized, therapeutically, Dr. Leslie Maturin publishes (in the *Dublin Journal of Medical Science*, April, 1882,) a case of tetanus treated with subcutaneous injections of that drug. A short *résumé* of its natural history precedes the record of the case. Woorara, also known as urari, curare, wurali, and wourari, is presumed to be a combination of vegetable principles, the poisonous ingredient of which is, chiefly, the juice of the strychnos vine. It is prepared for use by mixing it with pepper, coque-du-levant (*cocculus toxiferus*) and other acrid plants. Taken internally, urari has no toxic effects. It was first therapeutically employed by M. Vella, in 1856. It paralyzes only the motor-nerves, leaving sensation unimpaired. Dr. Maturin administered the woorara hypodermically, in doses of from three-twentieths to one grain. The spasms continued for thirteen days, but the patient recovered. The conclusions reached by Dr. Maturin, after careful study of the case, are as follows: Woorara seems to exercise a specific action in diminishing the frequency and violence of the tetanic spasms. Its acinetic properties are not always *immediately* developed upon its absorption, being more marked by a comparison of its daily effects than by that of shorter intervals; it has not a cumulative effect; four grains may, in the adult, be exhibited at intervals during the twenty-four hours without danger to life.—*Med. Record*, May 27.

#### PILOCARPINE IN HYDROPHOBIA.—CAUTION.

It has been rumored in Paris, lately, that M. BOULEY had cured two cases of hydrophobia by the subcutaneous injection of pilocarpine. It turned out, however, that the cases were probably not examples of hydrophobia. The Paris experience with this remedy has not been fortunate. Prof. Séé has used it in one case without success; and Dujardin-Beaumetz, in no less than six cases of the genuine disease, with equal ill-success. Indeed, the latter affirms that pilocarpine rather increases the severity of the symptoms than affords any relief. Experience, then, is decisively against the administration of this remedy in hydrophobia. The subject deserves mention here merely to prevent the loss of valuable time in the treatment, for, whilst pilocarpine has no curative effect, it rather increases than diminishes the sufferings of the patient.—*Med. News*, July 22.

#### CAUSTIC AND CHLORINE IN CASES OF RABIES.

GUTIERREZ (*Revista de Med.*) has treated six cases of rabies, with five recoveries and one death, after the following method:

Thoroughly cauterize the wound and administer—Chlorine, gr. xvij; water, fl. ʒ xij. M. To be taken in three doses.

On the third day the quantity of chlorine in the prescription is to be increased. This quantity was given to a child nine years of age. In none of the cases was there any doubt as to diagnosis.

[Since chlorine is an irritant poison, such doses as the above should be given only with due caution. Official aqua chlorinii contains a little more than twice its bulk of chlorine, and the largest dose recommended by authorities is four fluid drams. This amount represents about a fluid ounce, or a grain and a half of chlorine. The toleration of from four to sixteen times this quantity by Gutierrez's patients proves either that the poison of rabies has a remarkable neutralizing effect upon chlorine or that chlorine is not so poisonous as hitherto supposed.

Six cases of rabies is a large number to be seen and treated by one practitioner.—Eds.]—*Louv. Med. News*, June 10.

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### HYDROPHOBIA.—CHLORAL AND BROMINE MIXTURES.

From what we know of the tranquilizing power of chloral over the cerebro-spinal centers and of its antiseptic properties, it would seem that chloral in large doses ought to be our best remedy for hydrophobia and the bromide ought to be of value. But why not use hydro-bromic acid or Bibron's bromide mixture, remembering the efficacy of the latter in venomous snake bite?—*Alienist and Neurol.*, July.

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### CURE OF EPILEPSY BY LIGATURE OF THE VERTEBRAL ARTERIES.

Dr. WILLIAM ALEXANDER reports, in the *Medical Times and Gazette*, five cases of epilepsy greatly improved by tying one or both vertebral arteries, and states that the three cases previously reported (*ibid.*, November 19, 1881,) have remained free from fits from that time. As all of the cases were nearly or quite idiotic, and confirmed epileptics, the results are no less astonishing than gratifying. The operation is performed by making a linear incision outside of the sterno-mastoid muscle, and outside of the veins which converge to the lower third of the outer border of that muscle. The subcutaneous tissues are next cautiously divided, until the finger can be inserted into the loose fatty tissue that lies inside of the scalenus anticus muscle. Upon retracting the sterno-mastoid, with the subcutaneous veins and the internal jugular vein, toward the middle line, the sulcus, toward which the vertebral artery runs, is exposed, when a little scratching with a director will expose the vessel, the ligation of which is then a matter of routine.

A curious physiological fact was noticed. When the vessel is ligatured, the pupil on that side becomes contracted, and in the majority of cases it remains so. Tying the opposite vertebral, the opposite pupil contracts, and the pupils again become equal. The effect upon the mental condition of the patient is good, both directly and indirectly, and the intelligence is decidedly improved. Dr. Alexander has tried this operation in hereditary cases, and in epilepsy following scarlet fever, blows, fright, and in cases where no cause could be ascertained. In all the effect was beneficial and mostly curative, so far as time permits him to judge. Further observation may establish this as the best method of treatment of confirmed and otherwise hopeless epileptics.—*Med. Times*, July 15.

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### APOMORPHIA IN EPILEPSY.

Dr. MARTE (Revue Medicale de la Suisse Romande, May 15, 1882,) reports having secured good results from the hypodermic injection of five milligrammes of apomorphia in the case of noisy and violent epileptics and lunatics. This remedy did not act as a derivative as vomiting did not follow its use. The action was only temporarily sedative and not curative.—*Chicago Med. Rev.*, July 15.

## SODIUM NITRITE IN EPILEPSY.

Guided by a fancied analogy between amyl nitrite and sodium nitrite, Dr. W. T. Law (*Practitioner*, June, 1882,) has been led to try the latter drug in epilepsy. He gave it in twenty grain doses three times a day in a case which had proven very unyielding to all other varieties of treatment. The effect produced is said to have been very remarkable. A peculiar odor is said to be produced by the drug. The result seems to warrant further trial of the remedy.—*Chicago Med. Rev.*, July 1.

## CHARCOT'S METHOD OF GIVING BROMIDES IN EPILEPSY.

CHARCOT begins by giving 3 grains of potas. brom. daily for a week; then 4 grains, 5 grains, and 6 grains, each given daily for a week. This dose must be kept up for four weeks. Then the first dose of three grains is returned to. Such a gradual change in dosage lessens, it is said, the bromide-exanthem and the muscular weakness.—*Med. Record*, July 1.

## TENDON REFLEXES.

Dr. BYERS, of Belfast, has published some cases illustrating the importance of the patellar tendon reflex symptoms in the diagnosis of certain nervous lesions. Though not strictly a pathological condition, he has only once found it absent in a healthy person; and yet he observes that under certain normal conditions it may be produced, as for example, when the individual happens to be very fleshy, or when the tendon is unusually short. Berger is also quoted to show that the reflex may occasionally be absent without nervous disease (in about one per cent.) To determine whether the reaction be present, he places the patient on a chair, lets the foot be planted firmly upon the floor at a little more than a right angle. He then rests his left hand on the quadriceps muscle and with the other hand strikes the tendon below the patella. The muscle is then felt to contract if the reaction ensue. Should this fail, however, the patella may be struck, or even the tendon above the patella. This is Buzzard's method. Cases of tabes dorsalis and of diphtheritic paralysis are given where the absence of the reflex was noteworthy, while in a case of acute anterior polio-myelitis the absence of the patellar reflex enabled him to differentiate the disease from a cerebral disease, there being in this case either exaggerated reflex or none at all. In his fourth history, one of right hemiplegia, there was increased patellar reflex of the right leg and exaggerated supinator reflex of the right arm.—*Dublin Jour. Med. Sciences*.—*Cin. Lancet and Clin.*, June 10.

## NEW PRE-ATAXIC SIGN OF LOCOMOTOR ATAXIA.

Dr. THOS. STRETCH DOWSE, of London, has called attention to the existence of certain early symptoms of locomotor ataxia. These symptoms occur before incoördination, and are an evidence of a pre-ataxic stage, which is curable. The signs of this stage are as follows: Inequality of the pupils and small pupils; paresis of left third nerve; cutaneous fulgurating pains; sexual excitement; transitory incoördination of the lower limbs; variable patellar tendon reflex, rarely absent; spinal irritability; dysesthesia; anesthesia, hyperesthesia, very transitory; visual color-changes; retinal changes; gastric and intestinal crises; mental depression and insomnia.

In an article in the *New England Med. Monthly*, Dr. William A. Hammond, of New York, states that he is able to confirm in the most positive manner the correctness of the views advanced by Dr. Dowse. He expresses his conviction of the curability of the disease in its early stage. Dr. Hammond

claims that *incontinence of urine* not infrequently precedes any other sign of the approach of locomotor ataxia, and is present for months, or perhaps years, before the slightest defect in coördination is noticed. This sign may be the only one indicative of spinal disorder, and probably indicates a circumscribed lesion of a congestive character, which is curable.—*Rocky Mt. Med. Times, June.*

### RUMPF ON THE TREATMENT OF LOCOMOTOR ATAXIA WITH THE ELECTRIC BRUSH.

(*Neurolog. Centralblatt*, 1882, Nos. 1 and 2.) The results obtained by the author are so striking that we should have felt incredulous had not they been related with full details by so competent an authority as Dr. Rumpf.

The first case was that of a man who, ten years before, had been attacked with the characteristic shooting pains. The usual symptoms manifested themselves in the course of time: extreme ataxia, anæsthesia and analgia, abolition of reflexes, sense of fatigue, bladder disturbance, sleeplessness, etc. The electric brush was used along the back and legs, and very soon this brought about a considerable amelioration of the subjective symptoms, and the treatment preserved in for two months, when the patient declared himself prepared to resume his work. One year after this, Dr. Rumpf had the opportunity of showing him to the members of the Medical Society of Düsseldorf. The only symptom then present was the absence of the knee-jerk.

Dr. Rumpf stated that he had tried the brush in a series of cases successfully, though the results require time before they can be pronounced permanent. He described one, however, in which the patient had been in good condition for two years after a six weeks' course of treatment. He had had lightning pains, paræsthesiæ and ataxia, impotence and disturbed micturition. The knee-jerk was not abolished. All the symptoms disappeared except the sexual weakness.—*Brain. Cin. Lancet and Clin., June 17.*

### PSEUDO-HYPERTROPHIC PARALYSIS.

Dr. W. T. GAIRDNER showed before the Glasgow Pathological and Clinical Society a boy, aged ten, with the most advanced symptoms of this disease he had seen. They were so advanced as to have lost many of their characteristic points. The disease began two years ago, and had advanced with great rapidity. At first, as is usual, the boy walked with a waddling gait, was easily knocked over, and had great difficulty in rising again. The calves were enlarged and the spine incurved. Within a year the boy became unable to stand or walk; the calves began to diminish, and the arms became involved in the paralysis. The progress of the disease was painless, but on stretching the legs or back, slight pain was sometimes felt. Sensibility was perfect; tendon-reflex was absent; general nutrition was fairly good; but there was considerable relative atrophy of the muscles of the arms. The boy's mother was twice married, and a son by her previous husband died of a similar disease. Dr. Gairdner further remarked that since 1874 he had had in the Western Infirmary four other perfectly unequivocal and typical cases of this disease, all in boys from nine to twelve years of age, and one rather questionable case in a female aged twenty-four.—*Brit. Med. Jour.—Louv. Med. News, June 16.*

### SPINAL PARALYSIS.

The treatment which has seemed to Carter to be most successful in cases of *spinal paralysis of adults* is, during the acute stage, the internal administration of ergot and the employment of counter-irritation (blisters, or Charcot's actual cautery); during the stage of muscular atrophy, strychnine and phosphorus internally, the induced current and massage applied to the muscles, and the constant current along the spinal cord.—*N. Y. Med. Jour., June.*

## NERVE-STRETCHING BY FORCED FLEXION.

Nerve-stretching by forced flexion of the thigh on the abdomen, under chloroform, as proposed by Billroth, Trombetta, and others, has suddenly become a popular expedient for sciatica. Blum has reported a large number of cases of neuralgia treated by nerve-stretching successfully. The subject has recently been discussed by the Paris Therapeutical Society, Dujardin-Beaumetz having given the history of two cases of sciatica treated by him in this way. In one of the two cases the disease had existed for two months only, and the success was complete. In the other case, which had existed for three years, and was probably complicated with tabes, there occurred notable amelioration, but not a cure, for the patient still experienced pain on moving the limb.

The discussion at the Therapeutical Society was interesting in that the opinion of members respecting the treatment best adapted to the cure of sciatica was brought out. M. Paul expressed a decided conviction of the utility of galvanism. He stated in this connection a fact not sufficiently known, that the best results are had from a large number of elements—from 40 to 60. M. Dally expressed himself strongly in favor of galvanization, and against the method of nerve-stretching. M. Moutard-Martin was sceptical in regard to the good effects of nerve-stretching; he has heard of unfavorable effects following the operation, and has known of a case of *tic douloureux* of the face, in which Blum stretched the fifth nerve without any advantage to the patient. As these are well-known names, their opinions are entitled to some consideration.—*Med. News*.

## SIMULATED SCIATICA.

In a clinical lecture on "sciatica," Mr. Jonathan Hutchinson (*Med. Times and Gazette*) says, "In nineteen cases out of twenty in which the diagnosis of 'sciatica' is suggested, there is no affection of the sciatic nerve whatever. They are simply cases of arthritic disease of the hip in one or other of its various forms,—acute gout, chronic gout, rheumatic gout, subacute rheumatism, or chronic senile rheumatism. Both by the public and the profession these cases are constantly called 'sciatica.' Our workhouse infirmaries are full of chronic cases under that name, and I speak advisedly when I say I feel sure that they are almost all examples of *morbus coxae senilis*. Of the cases of 'sciatica' which are not hip-joint rheumatism, some are probably affections of the fascia or periosteum near to the hip; a minority are possibly affections of the sciatic nerve itself. In these latter it is the sheath of the nerve which becomes painful. The pain may be darting, or may radiate, but it does not pass down the nerve-tubules or in any way make the patient conscious of their course. The diagnosis of true sciatica is to be based upon the discovery of tenderness restricted to the trunk of the nerve and involving a considerable part of its course. Examples of this are decidedly rare, and their recognition without risk of error is a matter of great difficulty."—*Med. Times*, July 29.

## HYPODERMIC FOR SCIATICA.

LEREBOULLET recommends, in cases where morphia is badly borne, the following solution for hypodermic injection:

R. Morphine hydrochlor, 30 cgm.; Atropine sulph., 12 cgm.; Aquæ destillat., 10 grammes. Half a syringe-full every six hours.—*Union Médicale*.—*Cin. Lancet and Clin.*, July 15.

## LOCAL ANÆSTHESIA IN NEURALGIA.

J. T. M'COLGAN, M. D., Celina, Tenn., gives his personal experience:—In the spring of 1869 we, our "ain sel," had the most severe attack of facial neuralgia which it has been our lot to witness in more than eighteen years of

practice; for two weeks we had to confine ourselves to a darkened chamber, and the lightest foot-fall on the floor caused us the most excruciating agony. All the remedies, local, general, regular and irregular, were tried without any abatement of the trouble. One side of our face was terribly swollen, so much so that it was impossible to extract a decayed molar, to which we charged all our suffering, and it seemed as if we were destined to shuffle off this mortal coil by exhaustion from pain and want of sleep. We finally concluded to incise the swollen jaw, thinking there was probably an abscess about the root of the decayed tooth, and as the parts were so extremely sensitive, and moreover, having a vague dread of chloroform, we thought we would try local anæsthesia, by evaporating ether on the surface until the part was frozen. Our attendant complied with our instructions, and the spray was turned on. The first sensation was one of cutting pain, gradually subsiding until when congelation took place we felt perfectly easy, and ordered the cutting operation deferred. Then for fifteen hours we slept the sleep of the righteous, and when we awoke found the *rubor, et tumor, calore, cum dolore* entirely vanish, and we arose and went about our business, and to this good day, although we carry a perfect cabinet of carious teeth in our mouth, have never had a neuralgic twinge or a touch of that "hell of a disease," a tooth-ache. Any physician can purchase a hand-ball atomizer for one and a half dollars and try it for themselves. They may use either rhigolene or ether, and it will only be necessary to let the spray play upon the part until the skin turns white.—*So. Practitioner, July.*

#### PHOSPHORUS IN INTERCOSTAL NEURALGIA.

Dr. CHAS. D. F. PHILLIPS (*Mat. Med. and Therapeutics*, 1882,) has been using phosphorus in this affection for over twenty years, and has notes of fifty-six cases in which the pain quickly subsided under this treatment, and did not, so far as he knows, subsequently return. In some instances it succeeded where arsenic failed. The dose was  $\frac{1}{16}$  to  $\frac{1}{8}$  gr. thrice daily, doses which are sufficient to secure its full therapeutic effect. The same author also speaks highly of its action in phthisis, having employed it with marked success in over 800 cases. Although it will not cure phthisis it will in many cases arrest its progress, at all events, for a time. It improves the condition of the throat and voice, relieves the dry harassing cough, and arrests the colliquative diarrhoea and night-sweating. Its use is not altogether free from danger as when there is a tendency to hæmorrhage it may induce hæmoptysis.—*London Med. Record.—Md. Med. Jour., July 15.*

#### NEURALGIA.—DIAGNOSTIC POINTS.

To make a differential diagnosis between the inter-costal neuralgias and pleural or pulmonary disease, observe two facts: The neuralgias are associated not only with pain, but also with tenderness on pressure; the pulmonary processes by pain alone. The second fact is that neuralgias are unattended by fever; the reverse prevails in the opposite conditions.—E. T. Bruen, in *Pocket Book of Phys. Diagnosis*.—*St. Louis Cour. Med., June.*

#### FACIAL NEURALGIA.—QUINIA AND ACONITIA.

*La Clinica de Malaga* recommends crystallized aconitia as a powerful, almost sovereign, remedy in idiopathic facial neuralgia. Where the complaint has its chief seat over the infra-orbital foramen, and exhibits, at the same time, decided periodicity in its recurrence, quinine, which is usually administered, has its effect much enhanced by the addition of aconitia. The combination acts certainly and rapidly. Formula:



R. Quinia Sulphatis, 0.20 centigramme; Aconitiæ Nitratis (crystal.) 0.025 centigr.; Pulveris Cinchonæ., q. s. Sig. To be given in the form of pill, of which four or five may be taken in twenty-four hours, allowing at least four hours between each pill.—*Revista Med. Quir.—Cin. Lancet and Clin.*, July 29.

### SATURNINE NEURALGIA.

Contrary to the opinion expressed by *Tanquerel des Planches*, that neuralgia, in the true sense of the word, is never met with in cases of lead poisoning, *Dreyfuss* (*Des névralgies saturnines*, Par. F. *Dreyfuss*, *La France Méd.*) gives a description of two such cases. In the one the neuralgia affected the ulnar nerve, in the other the sciatic nerve. In both the neuralgia existed symmetrically on both sides, as has been observed lately to happen also frequently in persons suffering from diabetes. In the two cases reported by *Dreyfuss* the urine contained no sugar.—*Med. and Surg. Rep.*, June 10.

### INTERMITTENT FACIAL NEURALGIA AND CEPHALALGIA.

R. Dextro-quinia, grs. xxx; Ammonii chloridi, grs. xx. M. ft. chart No. vj. Sig. One powder three times daily "promptly alleviates the suffering."—*Dr. W. Matthews.—St. Louis Med. and Surg. Jour.*

### LUNACY FROM LEAD-POISONING.

*Dr. J. F. Goodhart* reports (*British Med. Jour.*) four cases of lead-poisoning associated with various forms of lunacy; mania in two, dementia in one, delirium tremens in one. From the observations of *Goodhart*, *Savage*, and others it would appear that lead causes lunacy in a form very similar to that of chronic alcoholism and of early general paralysis.—*Louv. Med. News*, June 3.

## DISEASES OF THE ORGANS OF RESPIRATION.

### FOREIGN BODIES IN THE AIR-PASSAGES.

*Dr. WEIST*, at the recent meeting of the American Surgical Association, read a paper on the above subject. The following conclusions were submitted by him:

*First*.—When a foreign body is lodged either in the larynx, trachea, or bronchia, the use of emetics, errhines, or similar means, should not be employed, as they increase the sufferings of the patient, and do not improve his chances of recovery.

*Second*.—Inversion of the body and succussion are dangerous, and should not be practised unless the windpipe has been previously opened.

*Third*.—The presence simply of a foreign body in the larynx, trachea, or bronchia, does not make bronchotomy necessary.

*Fourth*.—While a foreign body causes no dangerous symptoms, bronchotomy should not be performed.

*Fifth*.—While a foreign body remains fixed in the trachea or bronchia, as a general rule, bronchotomy should not be practised.

*Sixth*.—When symptoms of suffocation are present, or occur at frequent intervals, bronchotomy should be resorted to without delay.

*Seventh*.—When the foreign body is lodged in the larynx, there being no paroxysms or strangulation, but an increasing difficulty of respiration, from cedema or inflammation, bronchotomy is demanded.

*Eighth*.—When the body is movable in the trachea, and excites frequent attacks of strangulation, bronchotomy should be performed.—*Med. Record*, July 29.

#### PRACTICAL POINTS IN THE TREATMENT OF HÆMOPTYSIS.

In bringing forward, in a very brief manner, some practical points in relation to this question, I will, for the convenience of the first part of my object, divide cases of hæmoptysis into three kinds: first, the slight; second, the copious; and, third, what may be termed the explosive.

In the *slight* form, the basis of the sputum is composed of mucus, which is stained more or less deeply with blood, the bleeding vessel being of small size. The most successful remedy for this form is ergot.

In the second or *copious* variety, the expectoration consists of pure blood, the quantity of which may vary up to a very large amount; and the bleeding ceases gradually until the attack is over. Here, again, the most successful remedy is ergot, and indeed it is in this kind of hæmoptysis that ergot is especially efficacious. In order to prove efficient in hæmoptysis, however, ergot must be given boldly. One teaspoonful of the liquid extract is a suitable dose, and it may be ordered every half hour, hour, or two hours, according to the urgency of the case. If it is doing good, it is a mistake to leave it off before the sputa are bloodless, although the intervals between the doses will be lengthened as the hæmorrhage abates. In a few of these cases, ergot will fail; not in many, but now and then. If seven or eight doses be ineffectual, it is best to abandon it. The next remedy worthy of confidence is gallic acid, which it is necessary to give freely, in doses of fifteen to twenty grains, at intervals the same as in the case of ergot. Should there be tedious delay in the final clearing up of small traces of blood from the sputa, an acid mixture with quinine is usually effectual; or, if very obstinate, ipecacuanha, in twenty-minim doses of the wine pushed to slight nausea, will generally remove them.

In the third or *explosive* variety of hæmoptysis, the attacks are profuse, sudden in their onset, all at once ceasing, often for many hours, then abruptly bursting out again. There is no gradual subsidence. The lesion is probably a rupture of some aneurismal sac in the wall of a cavity. Now it is in these cases that ergot is hardly ever of much use. In my experience, the best remedy is turpentine internally, with cold applications over the chest. Three half-drachm doses of oil of turpentine may be given, half an hour apart; or, if care be taken to follow it with castor-oil, even more than three. When the turpentine is left off, it is well to follow up closely with a mixture of gallic and aromatic sulphuric acids, sulphate of magnesia, and quinine. It is particularly in this type of case that digitalis is often useful for calming vascular excitement. As the patients often make blood very rapidly, the free use of aperients ought to be enjoined.

Nothing would be easier than to quote a long string of remedies for hæmoptysis, but my present object is to leave prominently on the mind one or two that are to be relied upon, and to indicate their spheres of usefulness. Nor is it necessary to dwell on certain instructions which apply to all forms of blood-spitting. Constipation must go unrelieved, and is best treated by salines. A quick pulse must be steadied by digitalis, of which perhaps the most handy form is the digitaline granule of Homolle and Quevenne. Cough is to be soothed; the simpler the mode of accomplishing this the better, but it must be done; and nothing answers better for this than a chloroform pad laid over the sternum.

Speaking in a general way, and not alluding to hæmoptysis of cardiac origin, I hold that we should keep before our minds the advisability of stopping all blood-spitting in phthisis without delay. To this rule, perhaps, there are two exceptions. The first is trivial. It is that dirty-red, slimy, bad smelling, never-abundant expectoration which hysterical women with

phthisis often exhibit at the bottoms of their spittoons; this may be left to itself. The other exception is a serious one; it comprises those forms of hæmoptysis, usually copious and angry, occurring in advanced and very chronic cases where there is a considerable amount of fibroin induration. In such patients, notable dyspnoea on exertion has for a long time past been a prominent symptom, and respiration has been maintained by a very small extent of lung-substance. These cases are open to a special danger—that of fatal embolism in the right chambers of the heart or the pulmonary artery. Not uncommonly, the course followed is for the bleeding gradually to abate in quantity, remaining, nevertheless, of the same angry red; then urgent dyspnoea suddenly sets in, and death takes place within forty-eight hours. These are cases calling for extremely careful treatment. Can it be right, where only a small surface is available for respiratory function, to contract those few vessels with ergot? Or can it be good practice to pass styptic medicines into a patient's circulation when his cachectic state, his low vitality, and perhaps some febrile movement, render him especially liable to the formation of thrombi? It is wisest to limit ourselves to external applications, chloroform-pads, dry cupping, sinapisms at a distance or other derivative treatment, with appropriate general management.

Perhaps I may be allowed to conclude with two cautions, commonplace they may seem, but both of them the out-come of bedside experience. One is, to have some responsible person in attendance, night and day, on all cases of severe bleeding, till the attack has completely passed away. Death in hæmoptysis is generally sudden, and it is very appalling to discover too late the consequences of omitting this precaution. The other is, to decline positively to examine a patient's chest while there is any hæmoptysis. Irrespectively of the danger of the process, an opinion arrived at by auscultating a chest during or immediately after a bleeding is not a reliable one.—Jas. M. Williamson, M. D., *Brit. Med. Jour.—Can. Med. Record*, June.

#### EMPHYEMA.—FREE INCISION *vs.* ASPIRATION.

A correspondent of the *British Med. Journal* reports the following case:—James W., aged seven years, was seized with a pleuro-pneumonia, from which he apparently recovered and began to run about. Twenty days after he had been last seen, his father came (he lived about five miles in the country), and complained of the boy's breathing becoming more and more embarrassed. The little patient was again seen, and dulness had returned to the left side, the side originally affected, and breathing was more hurried. He was blistered and put on diuretics, but still the symptoms of compressed lung increased, and no doubt was entertained but that he was suffering from empyema; and on September 3rd his breathing was forty-five to fifty per minute; pulse so quick that it could not be counted; complexion livid. Thirty-five ounces of pus were drawn off by means of the aspirator, with of course immediate relief to the patient. For two days the little patient improved, but diarrhoea, a distressing symptom from the first, still continued. After this, however, he became more restless toward evening, and dulness increased, so that on the seventh day after, the operation had to be repeated, and with a result differing from the former only in the quantity (thirty ounces) of pus withdrawn. In thirty-five days the operation was repeated five times, and nearly two hundred ounces were taken from the cavity. After each operation the patient experienced great relief, and improved, though so slowly that it was deemed advisable to make a free incision. This was done between the fourth and fifth ribs, about one inch and a half posterior to the mid-axillary line, and a drainage-tube inserted. The child improved every day after this operation; and a very notable feature in the case, the diarrhoea, which had hitherto baffled every attempt to arrest it, ceased.

The wound in the chest-wall soon healed, and when last seen, with the exception of the left side of the chest being flat, the boy looked and felt well.

No antiseptics were used, so that the admission of fresh air into the pleural cavity is not so much to be dreaded as pent-up matter.—*Can. Lancet*, June.

## PULSATILE EMPYEMA.

Dr. COMBY (*Journal de Médecine et de Chirurgie Pratiques*, May, 1882,) calls attention to a pulsatile variety of empyema. By pulsatile empyema he means a pleural exudation which presents pulsations perceptible to the eye. Pulsations which are independent of those of the heart. There are two varieties of this affection which are very rare. The first variety is pulsatile empyema without external tumor. The second is pulsatile empyema with external tumor. This affection might be confounded with aneurism, but the absence of a bruit is sufficient to settle the differential diagnosis.—*Chicago Med. Rev.*, June 6.

## PRODROMATA OF PHTHISIS.

Dr. COIFFIER (*Lyon Médical*, December, 1881,) is inclined to believe that when a clean tongue co-exists with a pulse of eighty-five it is an almost certain prodromus of pulmonary phthisis. When found in persons between eighteen and thirty years of age, who seemed to be in excellent health, Dr. Coiffier regards such co-existent symptoms as evidence that tubercular deposit has already occurred.—*Chicago Med. Rev.*, July 1.

## TREATMENT OF PHTHISIS BY INHALATION.

Dr. S. DOWSE read a paper on this subject. He prefaced his paper by referring to the recent very valuable discovery of Dr. Koch, concerning the tubercle-bacillus; and he thought that the inflammatory theory of tubercle, and Dr. Sanderson's recent lectures at the College of Physicians on Inflammation, tended to support rather than to detract from the results of Dr. Koch's original investigations.

Dr. Dowse said that it was more than ten years ago when he first began to treat pulmonary consumption by inhalation; and he regretted that, until recently, he had not carried out his experiments with that care which so important a subject demanded. During the months of September, October, November and December, 1881, he had treated his patients in the North London Hospital for consumption, by several forms of inhalation, and he almost invariably had good results. He thought, however, that the process of inhalation was far from perfect, and he hoped for better results in the future. Short histories and notes of several cases were brought forward as evidence in favor of this mode of treatment. He spoke particularly of the value of acetic ether as an inhalant; in fact, he went so far as to say this drug was, in his opinion, capable of dissolving nascent tubercle. The mixture which he generally used had the following composition: *R.* Thymol, 3 iij; ætheris acetic, 3 iij; ætheris sulph., 3 i; creasoti, 3 iij acidi carbolic, ℥ xv; terebine ad 3 iv. Ten drops to be used at a time for an inhalation. He laid great stress upon continuous inhalation: for instance, two hours in the morning, afternoon and evening, as well as during the whole night. The subject appeared to be of considerable interest. A lively discussion followed. *Brit. Med. Jour.*—*Can. Med. and Surg. Jour.*, July.

## PETROLEUM IN PHTHISIS.

Dr. M. MILTON, of Bradford, Pa., writes:—"An article of mine, published in *The Record*, May 18, 1882, on the use of petroleum mass in consumption, etc., has brought me many letters requesting my formula for petroleum pills. The following is my usual formula in phthisis:

*R.* Petroleum mass, 3 j; pulv. Cubeba, pulv. ipecac comp., ss 3 ss; sulph. cinchonidia, 3 j. Mix, make four-grain pills. Sig. One pill every three or

four hours, or when the cough is troublesome. Also used in chronic bronchitis, asthma, catarrh, and all obscure lung troubles.

The following ointment has never disappointed me in that troublesome of all diseases, pruritis ani:

R. Petroleum mass, citrine ointment, ʒʒ ʒ jss; bismuth subnitras, grs. xxx. Apply locally, night and morning."—*Med. Record, July 29.*

### VOMITING IN PHTHISIS.—ETHER SPRAY.

Dr. BROOKES D. BAKER, Government Physician at S. Kona Hawaii, Sandwich Islands, writes: "I have found by experience that the vomiting in phthisis can be controlled, in some thoroughly, in others partially, by the ether spray on the back of the neck, doing it just before meals. In very bad cases I have used it on the stomach as well."—*Med. Record, June 8.*

### PHOSPHATES IN PHTHISIS.

Dr. DUJARDIN BEAUMETZ recommends the following elegant prescription in phthisis, not as a specific, but for the improvement of general nutrition:

R. Sodii phosphat, 3 jss; potassii phosphat, 3 j; syr. aurantii cort, 3 ij; vini (claret), fl. ʒ vij. A wineglassful may be taken after each meal. This preparation is particularly useful where there is constipation and quinine is not well borne."—*Drug News, July.*

### HOT MUSTARD BATHS IN CATARRHAL PNEUMONIA, AND IN ENGORGEMENT AND CONGESTION OF THE LUNGS.

By F. PETER POMERRE, M.D., Professor in the Medical College of the State of South Carolina, Charleston.

In a brief article in the *Medical News*, of Philadelphia, April 29, 1882, Dr. E. Stuver, of Wyoming Territory, relates the case of a child twenty months old, which recovered from an attack of "catarrhal pneumonia" of great severity. There was unconsciousness, with a temperature which reached 106.8°, pulse 150, respiration 65; other means failing, the warm bath was constantly employed with the invariable result of diminishing the temperature. We note that another writer in a medical journal, issued during the past year, has urged the importance of hot mustard baths in extreme cases of collapse occurring in pneumonia, on account of their diverting to the surface and reviving the patient.

A case similar to the above having fallen under our care, in which hot mustard baths were of such marked—we may say extraordinary—benefit, that though death finally occurred, we feel constrained to encourage others to a more frequent resort to such powerful measures. Though it be true that every physician orders foot baths, and we esteem it essential in the treatment of scarlet fever that at least two full baths should be used daily, yet, notwithstanding, we are inclined to shrink from the frequent use of full hot baths in those weakened by disease—from a vague fear that they will add to the prostration.

We have never in all our experience been so convinced of the benefit of full hot mustard baths and their innocuousness with regard to the strong fears we entertained of their adding to the prostration, etc.; the little patient rallied after each bath, and, as in the instance related by Dr. Stuver, there was a reduction in the temperature and pulse, in the oppression and the frequency and violence of the cough. It may be added that a few drops of the syrups of squills and ipecacuanha with flax-seed tea were occasionally given; but the following extemporaneous combination, used every 3 or 4 hours for several days, seemed to act most beneficially:

R. Mur. ammon., 3 ss; carb. ammon., gr. ii; sp. mindereri, 3 iii; tinct. rad. aconiti, gtt. v; syrup senega, to ʒ i. Sig. Teaspoonful in a little water.

when the cough and oppression are violent. As nourishment was constantly given—Valentine's meat juice internally, and nutritive enemata—and all active medication avoided, there was no great loss of flesh even up to the termination of the case.—*Am. Med. Weekly.*—*So. Pract.*, July.

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### HYPODERMIC INJECTIONS OF HYDROCHLORATE OF MORPHIA IN THE PNEUMONIA OF PREGNANT WOMEN.

Dr. MAURICE VALENTINE studies the action of hydrochlorate of morphine injected hypodermically for the treatment of the pneumonia of enceinte women, in a memoir based on his observations. After a thorough discussion pro and con, he comes to the following conclusions. It has been ascertained that lobar pneumonia is more severe in women pregnant than in women in the ordinary condition, and that the danger is increased during the last three months. The expulsion of the fœtus produces fits of coughing and fever. M. Valentine thinks, that the hypodermic injections of morphine are indicated in these cases, because they control and diminish the contractions of the uterus and allay, *i. e.*, calm the fits of coughing. They also diminish the dyspnoea, which is the most dangerous feature of the disease.—*Revue Medicale de l'Est.*—*Western Med. Rep.*, June.

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### JABORANDI IN PNEUMONIA.

Dr. H. B. WEAVER, N. C., writes:—About one year ago I ventured to call the attention of the profession to jaborandi in pneumonia, saying then, that it might possibly, to some extent, take the place of mercury as an antiphlogistic. Since then I have had ample clinical proof in pneumonia, acute bronchitis, pleurisy, peritonitis, nephritis, and indeed, all the itises to satisfy my mind, that in pilocarpine, the active principle of jaborandi, we have a safe and reliable remedy for all phlegmasia, whose consequent seriously depressing effects have never been realized as that of calomel.—*Med. Brief*, June.

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### PNEUMONIA AFTER OPIUM POISONING.

Dr. A. B. ISHAM (*Cincinnati Medical News*, July 8, 1882,) relates two cases in which patients who, having been poisoned by opium, were treated by flagellation and violent exercise, developed pneumonia. Dr. Isham is inclined to think, and with justice, that the excessive douching, exercise and flagellation commonly used are liable to have serious results, and that caution is necessary.—*Chicago Med. Rev.*, July 15.

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### SUBCUTANEOUS INJECTION OF ETHER IN PNEUMONIA.

From experience of 14 cases Dr. BARTH (*Lyon Méd.*) strongly advocates the subcutaneous injection of about one gramme of ether in adynamic pneumonia. Almost instantly respiration becomes easier, pulse gains in strength and fulness, while the color of the face becomes more natural. In two or three minutes the ethereal odor is noticed in the breath, showing that the volatile liquid has reached the air passages. It is necessary to use the injection at least twice a day, and in severe cases four doses may be thus administered in 24 hours without inconvenience. Dr. Barth has not exceeded this dose, nor has he experienced any trouble from the punctures in the way of serious irritation.—*Glasgow Med. Jour.*,—*Can. Lancet*, July.

## LARYNGEAL ANÆSTHESIA.

The *Lancet* says editorially:—The sensory branch of the superior laryngeal nerve enters the larynx through the thyro-hyoid membrane, below the rounded extremity of the cornu of the hyoid bone. At this spot the trunk of the nerve is not far from the surface, and Rossbach has proposed to render the larynx insensible by injecting near this nerve, on each side, a small quantity (five milligrams) of morphia, with the intention of destroying the conductivity of the nerve. The proceeding was perfectly successful. He afterward ascertained, by experiments upon healthy persons, that the conductivity of the nerve might also be interrupted by a considerable degree of cold. He therefore employed Richardson's ether spray apparatus, directing a jet on each side of the neck simultaneously. The application for two minutes sufficed to render the larynx insensible to the presence of a foreign body. The method is suggested as likely to be useful in reflex spasms originating in the interior of the larynx. It is possible, also, that the facts afford an explanation of the unquestionable utility of the application of ice to the exterior of the larynx in some cases of spasmodic croup.—*Med. and Surg. Rep.*, June 3.

## BRONCHITIS, COUGH, AND FEVER.—FOTHERGILL'S PRESCRIPTIONS.

The Reviewer of Fothergill's work on *Chronic Bronchitis* says among other things:—

Dr. Fothergill is a polypharmacist. His prescriptions are composed of many ingredients—one, usually, for every prominent symptom. "The ordinary prescription for chronic bronchitis, especially with emphysema, in use with me, at the Victoria Park Chest Hospital, is:

Amm. carb., gr. v; tinc. nucis vom., ℥x; tinct. scillæ, 3 ss; inf. serpentariæ, ʒj. Ter in die. And a very serviceable mixture it is." Somewhat more than two table-spoonful at a dose, is his conception of an agreeable quantity, and to this he sometimes adds ten drops of tincture of digitalis, and then "the combination is very satisfactory," he informs us (p. 122).

The following is, in his opinion, the most elegant and palatable cough-mixture ever prescribed:

Syrp. scillæ, 3 j; acid hydrobrom., 3 ss; sp. chloroformi, 3 ss; aq., ʒj. The above is a verbatim transcript of the prescription as given in the book, p. 122.

As a further exhibition of some remarkable therapeutical notions, we quote: "When the temperature oscillates daily, and the temperature chart shows diurnal peaks, then it is well to give this combination:

Quinæ sulph., gr. ij; ac. phosph. dil. ℥xv; tinct. digitalis, ℥x; inf. gent., ʒj. Ter in die, which will often shave down the peaks in a very satisfactory manner."

Dr. Fothergill, it is evident, is a very eccentric man.—*Med. News*, May 27.

## TREATMENT OF CHRONIC BRONCHO-PULMONARY AFFECTIONS BY IODOFORM.

Professor CHIARAMELLI, encouraged by the happy results obtained by Professor Semenola with iodoform in the treatment of chronic pulmonary affections, experimented with this remedy during four consecutive years in the Hospital for Incurables, giving the drug in various maladies of the respiratory organs. In phthisis, even at an advanced stage of the disease, when cavities existed, he obtained excellent results with iodoform. In every case there was general amelioration, a lessening of the expectoration, and a favorable influence on the febrile manifestations. On recommending iodoform for the treatment of pulmonary phthisis the author ascribes to it the power to

arrest the progress of the disease and to prolong life. It has rendered great service in cases of chronic bronchitis, bronchorrhœa, and pulmonary emphysema.

The formula employed is the following one:

R. Iodoformi, gr. iss; pulv. lycopodii, gr. viij; thridace, q. s. M. Ft. pil. No. x. Sig. Take from three to five pills every day.

If there is an indication iodoform may be prescribed conjointly with a quinine or iron salt.—*Lyon Medicale*.—*Western Med. Rep.*, June.

#### ACUTE BRONCHITIS.—LINIMENTUM CROTONIS.

Dr. PARK advises the application of linimentum crotonis to the chest at once in cases of severe acute bronchitis with a sense of constriction and great dyspnoea. He has often used the treatment in his own case, and says that the relief is surprising and immediate; no other remedy compares with it in efficiency and rapidity of action. If properly applied, the result is not painful or troublesome; it should be applied evenly, and not too freely, to the chest with a piece of cotton-wool; the quantity should not be sufficient to permit any of the fluid to trickle to other parts. A fresh piece of cotton-wool should at once be placed over the surface treated, and not removed until the inflammation excited is at an end. There is no danger in going out and attending to business while the derivative action is in progress.—*N. Y. Med. Jour.*, June.

#### DISTINCTIVE DIAGNOSIS BETWEEN MEMBRANOUS AND DIPHThERITIC CROUP.

One of the best presentations of the distinctions between the two forms of croup that we have ever seen is presented by Prof. Hugo Engel, in the *Philadelphia Med. and Surg. Reporter*. We have taken pains to abbreviate it for the benefit of our readers, making a few emendations of our own;

##### MEMBRANOUS CROUP.

Cause, exposure to cold.  
Period of incubation, none:  
A local disease at beginning.  
Constitutional symptoms secondary:  
Begins in larynx:  
May extend upward:  
Affects children only:  
Begins suddenly in the night.  
Loss of strength near the end:  
Death from apnea:  
No complications:  
Albuminuria only toward the last:  
Glands not enlarged:  
Never contagious:  
No Sequelæ.  
Convalescence rapid:  
Membrane an exudation of cells from mucous surface:  
Membrane soluble in potash:  
Solution, hardened by sulphuric acid:

##### LARYNGEAL DIPHThERIA.

Cause, specific poison.  
one to five days or more.  
Constitutional.  
primary.  
in pharynx.  
extends downward.  
adults also.  
Prodromes for some days.  
from the beginning.  
often from ataxia.  
nose and heart often implicated.  
from the outset.  
always enlarged.  
decidedly contagious.  
Paralysis often.  
slow and tedious.  
a deposit on surface, with organisms.  
soluble in sulphuric acid.  
hardened by potash solution.

—*Pacific M. and S. Jour.*, June.

#### RELATIONS BETWEEN ASTHMA AND MUCOUS POLYPI OF THE NASAL PASSAGES.

The *Archives Générales de Médecine* for May 1882, contains the termination of a serial article by Dr. Joal, of Mont Doré upon the above subject. The conclusions reached by that author may be summarized as follows: 1. Nasal



mucous polypi sometimes occasion asthmatic symptoms. 2. This symptomatic asthma is principally observed in gouty subjects. 3. The disease is usually produced by a reflex action secondary to an irritation of the nasal mucous membrane. 4. The reflex excitation may, however, have its point of departure in the sensitive filaments of the pneumogastric which supply the pharyngeal or bronchial mucous membrane. 5. Asthma may be developed as the result of catarrhal and emphysematous lesions referable to nasal polypi. 6. The asthmatic paroxysms are relieved or completely disappear after the removal of the polypi. 7. The nervous symptoms provoked by nasal polypi consist, sometimes, in spasmodic paroxysms of sneezing.—*Med. Record*, July 29.

#### EUPHORBIA IN ASTHMA.

It has been recently claimed that euphorbia pilufera is of benefit in asthma. One ounce of a decoction of the leaves of euphorbia pilufera (*British Medical Journal*, April 15, 1892,) is placed in two quarts of water and allowed to simmer till the quantity is reduced one-half. The resulting decoction is taken in wine-glassful doses twice or thrice a day with very prompt effect.—*Chicago Med. Rev.*, June 1.

#### SALICYLIC ACID IN ASTHMA.

Dr. W. W. STINSON, Miss., writes:—The following is the formula I generally use:

R. Salicylic acid, 4 drachms; spts. nitre, 2 ounces; aquæ, 10 ounces.

M. Sig. A tablespoonful every two hours until relieved.

Mix the acid and the nitre and dissolve, and then add the water. It seems to act more efficiently in those cases of dry asthma, in which there is great difficulty of respiration and scanty expectoration.—*Med. Brief*, July.

#### PULVIS KINO COMPOSITUS IN INFLUENZA.

Dr. G. A. HAWKINS AMBLER says, in the *Lancet*, that he has derived much benefit from the use of the pulvis kino comp. in catarrh. He used it as a snuff. The discharge was stopped in a few minutes, and though it recurred later on, a repetition of the snuffing process was again most effectual, and the following morning all symptoms had disappeared.—*Med. and Surg. Rep.*, July 15.

#### ATROPIA IN THE TREATMENT OF CORYZA.

Dr. GENTILHOMME has used atropia, in doses of one-half a milligramme in pill form, in a number of cases of coryza, and thinks that it is extremely efficacious in both acute and chronic coryza, particularly at the close of an acute attack when associated with bronchitis.—*Union Méd. et Sci. du Nord Est.*—*Med. News*, July 1.

#### OBSTRUCTIONS IN THE NASAL PASSAGES.

Many persons suffer a great deal of discomfort from chronic obstruction of the nasal passages, attended with impaired sense of smell, a sensation of general fullness of the frontal region, and frequently recurrent attacks of sneezing, with an almost constant inclination to blow the nose. These are often the only symptoms, whilst in other cases more or less general nervous depression, with decided neuralgic attacks lasting for days at a time, come to add to the wretchedness, now well-nigh complete.

This is a fair picture of a very common form of hyperæsthesia of the nerve centers, due, generally, to impaired nutrition and deficient elimination of waste products. Sedentary habits, the use of green tea, alcoholic liquors, and tobacco, favor the development of this condition. Salt baths daily, outdoor exercise on foot, abstinence from all cooked or preserved fruits, and salt meats, the liberal use of magnesian or other aperient mineral waters, daily changes of underclothing, acid wines well diluted with water, taken at table along with a liberal supply of fresh animal food, and plain vegetables, constitute the outlines of a successful general course of treatment. The local treatment may be borax and camphor water, used in the form of spray. The antiseptic borated cotton may be pressed into the crypts between the opposing walls of swollen membrane, and powdered borax, or white sugar, introduced by insufflation. Troches containing cubebs may, at the same time, be advantageously used, where they do not disturb the digestion.—*Med. Herald, July.*

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#### NASAL CATARRH.—QUININE.

Dr. N. FALLIOTT, writing to the *British Medical Journal*, states that coryza or nasal catarrh may be cured in a few hours if taken at the onset, or at most twelve hours afterward, by the inhalation of a spray of sulphate quinine. The solution used is made by dissolving four grains of quinine in an ounce of water, with just enough of sufficient dilute sulphuric acid to dissolve it, and scenting with any agreeable perfume. The solution is injected up the nostrils in the form of spray with an ordinary hand-ball spray producer in such a way that the quinine can be tasted at the back of the mouth. This is done at every hour or oftener, according to the urgency of the symptoms. He states that this remedy has been tried with success in hay fever, and that if nasal catarrh is of parasitic origin, as he strongly suspects, the action of quinine (as an antiseptic?) is at once apparent. It might be added that, even supposing catarrh to be the result of sudden change of temperature, the action of quinine in contracting the superficial capillaries would be quite as obvious. It is somewhat surprising that this property of quinine does not appear to have been tried for chilblains in the itching state, when the capillary vessels are dilated.—*New Remedies.*

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#### NASAL CATARRH.—IODOFORM OINTMENT.

R. Iodoformi, 40 gr.; ex. geranii sol., 10 gr.; acid. carbol., 15 min.; vaselini, 1 oz. M. Saturate a bougie made of absorbent cotton, with the above ointment and introduce it into the nasal passage, leaving it over night. Repeat for a week or ten days.—*Medical Summary.*

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#### TANNIN IN NASAL POLYPUS.

M. STANISLAS MARTIN states that in six cases he has known injections of officinal tannin, one part to ten of distilled water, morning and evening, prove very efficacious in mucous nasal polypi. If it be continued for some time a tannate will be formed, which will become detached, restoring respiration by the nostrils.—*Med. Times and Gaz.*—*Drug News, July 21.*

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#### WHOOPIING-COUGH.—THERAPEUTICAL ACTION OF ERGOT.

From its action on the circulation and the nervous system it is evident that ergot possesses a wide therapeutical range. In mentioning a few diseases in which I have found it useful, I would place at the head of the list—*Pertussis*. Ergot seldom fails to cure whooping-cough in from one to three weeks; the cases that are longer in getting better are those complicated with bronchitis,

or with troublesome bronchial catarrh. I give from four to fifteen minims of the liquid extract every three or four hours to children of three months and upward. The benefit of the secale is at once apparent, the fits of coughing occur less frequently, and are not so severe when they do occur. I usually give it alone with a little sugar, but in complicated cases it may be combined with other remedies, and especially with the compound syrup of the phosphates, to complete the cure when there is debility.—*Dr. Dewar in Practitioner.*—*Can. Med. and Surg. Jour., July.*

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### ACTION OF CERTAIN MEDICINES IN WHOOPING-COUGH.

As a result of testing the comparative action of remedies used in this disease, Professor Heubner found that salicylic acid and chloral tend to relieve the paroxysm, while belladonna and quinine shorten the disease.—*London Practitioner.*—*Western Med. Rep., June.*

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### PHENIC ACID IN WHOOPING-COUGH.

Dr. AYMERICH recommends in the treatment of whooping-cough the employment of phenic acid with bromide of potassium—bromide of potassium 3j; phenic acid three to four grains; syrup of lemons q. s.; vehicle  $\frac{3}{4}$ vj. A large or a small spoonful according to the age of the patient, every two hours. He has never seen any accident to follow from the antiseptic agent.—*Med. Press.*—*Cin. Lan. and Clinic, July 15.*

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## DISEASES OF THE ORGANS OF CIRCULATION.

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### SEPTIC ENDOCARDITIS.

Prof. LEYDEN, writing on this interesting subject in the current number of the *Zeitschrift für klinische Medizin*, draws attention to the frequent resemblance of the temperature curve in this disease to that of intermittent fever, a resemblance that has been many times noted by others. He distinguishes clinically four groups of cases as follows: The first group includes those cases in which the endocarditis forms part of a pyæmic or septic process. This is best known in connection with puerperal septicæmia, in which ulcerative (infectious parasitic) endocarditis is not infrequent. It is also sometimes met with in septicæmia and phlebitis following injuries. Leyden observed one such case complicated with abscess of the liver. In these cases of endocarditis, pyæmic or septic *par excellence*, the cardiac condition is part of a wide-spread septic process, and the rigors occurring in the disease may be symptomatic of the general sepsis, quite as much as of the endocarditis. In his second group he places those cases of endocarditis which are marked by a more or less intense and irregular pyrexia and erratic rigors. Traube has recorded such cases, so has Litten. Volmer relates one in which typhoid symptoms ushered in the attack, then rigors occurred, and the diagnosis of endocarditis was made. Leyden remembers one such case in Traube's clinic where a correct diagnosis of pulmonary valvular insufficiency was made, the endocarditis being accompanied by an irregular intermitting fever. The third and fourth groups comprise cases in which the temperature-curve corresponds, more or less closely, to that of intermittent fever with periods of paroxysmal exacerbation, alternating with apyrexia, sometimes for a short period, regularly quotidian and tertian in type. In the third group he places those cases in which the signs of cardiac disease are ill-marked, or even in abeyance until near the close of life; whilst in the fourth he describes those cases where heart disease has been long established, the intermitting fever arising as a

final complication. He gives details of four such cases, and ascribes the issue to the supervention of some septic influence, sometimes ascertainable, and confirmed after death by the presence of mycotic organisms in the vegetations, and secondary emboli. It may be added, as an interesting historical fact, that Leyden states that he has been unable to find records of these types of fatal endocarditis among older writers. This we believe is quite true, and in the face of the very striking clinical manifestations is a little remarkable, and not wholly to be explained by the absence of thermometric observations. It is more than likely that some cases known to our forefathers as malignant ague really belonged to this class of disease, although even Morgagni, who faithfully describes post-mortem appearances in association with clinical facts, gives no case that would now bear this interpretation.—*Lancet*, May 20, 1882.—*Med. News*, June 24.

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### AFFECTIONS OF THE HEART IN DIPHTHERIA.

With the exception of the diphtheritic endocarditis described by Bouchut (to a large extent, if not altogether, a product of the scientific imagination,) the chief alterations found in the heart after diphtheria affect the muscular substance. Granular degeneration of the fibres has been especially conspicuous in cases of death with the symptoms which it is customary to refer to cardiac paralysis, although the precise significance to be attached to this degeneration has been hitherto a matter of considerable doubt. A series of cases of this character has lately been very carefully studied by Leyden of Berlin. In all, the alterations in the muscular substance were so marked, and of such a character, as to justify the opinion that they were really inflammatory. Multiplication of the intermuscular nuclei, and the occurrence of degenerated foci, the result of the atrophy of these nuclei, constitute its special characters, these alterations being usually accompanied by the fatty degeneration of the muscular fibres themselves. But the two changes do not correspond in degree, or even in distribution. To this affection must be ascribed the extravasations in the substance of the heart occasionally noted, its soft consistence, and the dilatation which it undergoes. Leyden conjectures, indeed, that the cardiac failure, usually regarded as paralytic in nature, may be in reality the effect of these muscular changes. Their relation to the process of the general disease is a question of much interest, on which, unfortunately, Leyden has little light to throw. He has failed to find micrococci in the altered tissue, but as he has also failed to find them in the kidney (in which their occurrence has been lately demonstrated), it seems still possible that bacteria may underlie the cardiac as well as the nephritic changes. The former resemble closely those which occur after typhus fever and some other acute specific diseases. A very important practical question is the character of the symptoms which are produced by the change, and by which its presence can be recognized during life. They may occur during the height of the disease or during convalescence, and it is particularly during the latter that their detection is so important, since they indicate a grave danger, which may, to some extent, be met by treatment. The symptoms are chiefly those of cardiac weakness, but to certain of them Leyden attaches especial significance. One of these is the gallop-rhythm of the heart sounds, which he regards as one of the surest indications of dilatation of the left ventricle, with irregular tremulous contractions. Vomiting is another frequent symptom, and always, from this cause, indicative of imminent danger. It is not a direct symptom, but is probably due to an irradiation of the disturbance to other parts of the pneumogastric nerve. The tendency to this cardiac failure constitutes a serious objection to the use of depressant remedies, such as salicylate of soda, especially to pilocarpin, and to the repeated use of any emetic.—*Lancet*.—*Med. News*.

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### TACHYCARDIA DUE TO DYSPEPSIA.

The *Prager Medicinische Wochenschrift* contains, in its numbers for April 12 and 19, 1882, a serial article by Dr. Adolph Ott upon the above subject. The

histories of these cases embrace nothing of moment excepting acceleration of cardiac action, during digestion, and moderate meteorism. The heart-beats numbered from 100 to 160 per minute, and their intensity was frequently abnormally increased. These symptoms disappeared after regulation of the digestion. Tachycardia occurring under these conditions is generally referred either to irritation of the entire sympathetic system, of the splanchnic nerves, or of the excito-motor reflex centre through increased resistance in the peripheral vascular channels. Dr. Ott denies that irritation of the sympathetic or any part of it has any causative relation to tachycardia, because such irritation is uniformly attended by considerable increase of arterial pressure, which is absent in dyspeptic tachycardia. The absence of myosis also militates against the acceptance of the theory under discussion. Neither can tachycardia be explained by assuming an excitement of the excito-motor cardiac centre, since this also would result in augmented inter-arterial pressure, which we have seen to be lacking in the cases in question. Dr. Ott accordingly concludes that dyspeptic tachycardia is produced by diminution or destruction of vagus irritability—either through repeated slight irritation of the peripheral pneumogastric filaments in the stomach, or by pressure of the latter organ, when distended, upon the heart.—*Med. Record*, June 3.

### CONGENITAL CARDIAC DISEASE.

At a recent meeting of the Pathological Society of London (*Medical Times and Gazette*) Dr. Hadden related a case of congenital cardiac disease. The patient was a female child, four months old, and was under the care of Dr. Bristow at St. Thomas' Hospital. On admission, the face was pale, the hands and lips livid, the chest expanded badly: the respiration was 66. Lung resonance in front was impaired, but breathing was vesicular. At the bases there was impaired resonance, with crepitation and rhonchi. No cardiac murmur was heard; no mention was made of heart's dullness in the notes. Improvement followed the next day. On the third day there was dullness over the left lung anteriorly, and shattered dullness at both bases, with crepitation and rhonchi. Before death the respiration was 96, and the temperature 101°. Post mortem, the heart weighed four ounces, the average weight at patient's age being less than one ounce. The septum between the ventricles was imperfect above, admitting the middle finger easily. The right ventricle was much hypertrophied, a quarter of an inch thick in some parts; the cavity was dilated at the right apex-wall, half an inch transversely. The muscular papillæ were much hypertrophied; the left ventricle was much hypertrophied; the foramen ovale and ductus arteriosus, although allowing the entry of a small probe, were practically closed. The pulmonary artery was large, the aorta inversely small. Both arose from the ventricle in the usual way. Both the lower lobes of the lungs were collapsed; the upper lobes were relaxed and crepitant; the bronchi were dilated. The nature of the case was not suspected during life, perhaps because the pulmonary trouble obscured physical signs referable to the heart. It is worthy of note that the heart weighed nearly five times the usual amount.—*Med. and Surg. Rep.*, June 24.

### THORACIC DISEASES.—SOME POINTS IN DIAGNOSIS.

J. MILNER FOTHERGILL, of England, in the *Medical Times*, offers the following suggestions.

In all cases of thoracic disease it is well, to count the pulse and the respiration, and take the ratio.

When the ratio is preserved, yet both accelerated, it is well to take the temperature. When, however, the temperature is normal and both are not accelerated, then look for the reason why the one is.

When the pulse rises in rapidity while the respiration is normal, the condition of the left ventricle and the mitral orifice must be carefully examined.

But when the opposite condition is found—when the breathing is accelerated and there exists no obvious lung-condition to account for it—then, depend upon it, the thoracic space is diminished from some cause, whether it can be discovered or not.

Not uncommonly it is correct to suspect some damming of the blood at the mitral orifice, which leads to an overfull condition of the pulmonic circulation, and the excess of blood limits the thoracic space. Then listen to the closure of the pulmonic valves; hear what they have to say. Your suspicions may be confirmed, and perhaps after a while a mitral whiff develops to settle the matter.

Conversely, when you catch a mitral murmur, and the respiration is not accelerated nor the pulmonic valve-sound accentuated, the lesion is small, no matter how loud the murmur.

Finally, it is quite possible at times to apprehend mitral stenosis before a murmur is audible. Often the murmur is to be heard only when carefully sought for.—*Leonard's Ill. Med. Jour.*, July.

#### ECCENTRIC HYPERTROPHY AND ACUTE DILATATION OF THE LEFT VENTRICLE IN NEPHRITIS SCARLATINOSA.

Dr. OSCAR SILBERMAN (*Jahrb. f. Kinderheil.*) concludes from his researches that:

1. In the course of nephritis scarlatina we may have an eccentric hypertrophy of the left ventricle.

2. If from any cause whatever the cardiac muscle has become relatively functionally insufficient, we find, instead of eccentric hypertrophy, acute dilatation of the left ventricle.

3. Whether we have hypertrophy or dilatation of the left ventricle, in every case the disturbance of compensation begins with a dilatation which is first clearly noticed at the apex.

4. The murmur over the mitral valve is only temporary when we have a compensating cardiac hypertrophy, but continues until the occurrence of death, when there is only acute dilatation.

The author hopes that his researches will lead to others, and that the study of cardiac hypertrophy in connection with acute nephritis may elucidate its relation to chronic morbus Brightii.—*Amer. Jour. Obst.—Med. News.*

#### CARDIAC AND RENAL DISEASE.

Dr. SAUNDLY (*Lancet*) is inclined to believe that cardiac lesions may exist for years giving no other than a murmur evidence of their existence, but in these cases the supervention of nephritis is the point of departure for the most marked cardiac symptoms. He is, therefore, of the opinion that there is much error in the commonly accepted view that cardiac affections occurring in nephritic persons necessarily bear a direct casual relation to the renal disease.—*Chicago Med. Rev.*, June 15,

#### PURULENT PERICARDIAC EFFUSIONS.

S. ROSENSTEIN reports the case of a boy 10 years old who was suffering from a pericardiac effusion which the hypodermic syringe showed to be purulent. An incision was made between the 8d and 4th ribs, near the sternum, antiseptic measures being used. A large amount of pus was evacuated; the pleuritic cavity was found also to contain a purulent effusion, and this was also incised. The patient recovered in 10 weeks.—*Med. Chronicle*, Aug.

## ACUTE CARDIAC AFFECTIONS OF OLD AGE.

M. CH. FÉRÉ believes, from a careful study of this subject, that acute affections of the heart, occurring in old age, are rarely due either to acute or sub-acute rheumatism, and that even though acute rheumatism may occur at this period of life, it rarely implicates the heart. On the other hand, he thinks that, although pulmonary affections may produce pericarditis cardiac lesions in the old can almost invariably be traced to some renal affection.—*Revue de Méd.—Cin. Lan. and Clinic, June 3.*

## EMBOLISM OF THE CORONARY ARTERIES.

Dr. POPOFF (*Fratch*, 1882, No. 2), describes the following case of this rare affection. The patient, a sailor, aged 53½, had had an apoplectic attack about one and a half years previously, at which time aortic insufficiency had been recognized. One morning there suddenly appeared sickness and vomiting. When immediately seen by the author, the patient bore an appearance of extreme horror, and was sitting, being unable to lie down. His extremities were cold and covered with clammy perspiration; his lips were livid. Examination showed complete absence of the pulse in all accessible arteries, and neither apex-beat nor heart-sounds could be detected. The ear, applied to the cardiac region, could hear only a kind of cardiac tremor, which was very like the sound of a vibrating steel-plate. There was no loss of consciousness. Respiration was regular and rhythmical, not exceeding eighteen to twenty. Twenty hours after the first symptoms, the patient was dead. This affection was diagnosed during life, though the author had never before met any similar case in his practice. The alternative in diagnosis lay between embolism of a branch of a basilar artery, and embolism of the coronary arteries of the heart. Dr. Popoff accepted the latter alternative, on the ground (1) of the regularity and rhythmic character of the respiration; and (2) of the enfeeblement of the heart's action, which was transformed into simple oscillatory movements. Necropsy confirmed the diagnosis. There were found sclerosis of all the bloodvessels at the base of the brain; anæmia of the brain; venous congestion of the cranial bones and meninges; old apoplectic foci, in the stage of softening, in the right corpus striatum, and the posterior horn of the right lateral ventricle; pericarditis, endocarditis, and myocarditis; ossification of both coronary arteries of the heart, with complete thrombosis of their longitudinal branches; œdema of the lungs, and venous hyperæmia of the spleen, the liver, and the kidneys. The cardiac symptoms observed in the case are in strict harmony with the results of Samuelson's experiments on ligature of the coronary arteries in rabbits.—*London Med. Rec.—Med. News, July 1.*

## THROMBI AND EMBOLIA.

Dr. T. B. GREENLY writes:—In a former letter I spoke of a woman who died of embolism of the pulmonary artery, and during the past week we had pathological specimens presented of a second case of the same disease, occurring also in a woman. But in this instance the disease seemed to have been rather chronic in its progress, if such an expression is allowable in speaking of that generally rapid disease. It has, until lately, been considered infrequent in its occurrence; but that opinion may have existed from the fact that in many instances its true character was overlooked and its effects attributed to some other cause. It is now known to be of common occurrence, producing sudden death in many cases of pneumonia, rheumatism, metritis, etc., heretofore unaccounted for.

Prof. Welch, after explaining the cause of death in the case above alluded to, proceeded to speak of the characteristics of embolia and thrombi in

general. Prof. Flint, in his work on practice, gives a better description of these pathological formations than I have seen in any other book.

A thrombus may be defined to be a clot formed anywhere in the course of a vein from the periphery toward the heart. This clot may form slowly or quickly, the latter being the case after parturition from contraction of the parietes of the uterus, in various operations and violent injuries to parts. This condition is more rare in the arteries from the fact that the blood circulates so much more rapidly in these vessels. They may form slowly in consequence of certain conditions of the blood, especially when it is highly fibrinous, during inflammatory processes, or in diseased conditions of the vessels. They might result slowly, for instance, in atheroma of the arteries resulting from syphilis, or in degeneration of those vessels in old age, as calcification with roughening of their coats.

There are two kinds of thrombi. The first consists of the complete blocking up of the vessel. In the second the occlusion of the vessel is incomplete. The latter usually forms slowly. In the first place, a very small quantity of blood adheres to the diseased or roughened wall of the vessel, which is usually augmented from the current, until half or more of the caliber of the vessel is involved. Here the process of accretion may be arrested and the circulation be not very materially interfered with. A thrombus may be white, red, or mixed, these conditions depending on the time they have existed. If a considerable time has elapsed since their formation, all the liquid portion of the blood, with the coloring matter, will have been absorbed, leaving only the fibrinous portion, constituting the thrombus. When the clot has remained a short time only, there will be left the coloring matter of the blood, with the fibrin, constituting what is termed the red thrombus. The mixed variety is found where the patient lives for a few days after its formation. When a red thrombus is found, it is strong evidence that it was formed just before death, except perhaps in the heart, where a clot may form post mortem.

Thrombi, as such, always remains at the site of their formation, except in cases where they may project into the course of veins at their bifurcation, when it is possible a portion may be washed off and carried through the heart, and become an embolus in the pulmonary artery. A thrombus may form in either a vein or an artery, but an embolus never forms in a vein, except as above stated or perhaps in the vena porta; the reason of which is very obvious. An embolus is not always formed by blood, but may result from the escape of a particle of fibrous vegetation formed in the heart cavities or on the valves during endocarditis, or from fatty degeneration of some organ or muscle, or from air getting into the veins during surgical operations. A particle of fatty matter or a bubble of air may be carried along the vessel until it is arrested on account of bulk. Also a particle of cancerous matter or calcareous deposit may be detached and washed along in like manner, until it produces embolism of some vessel.

The effects of thrombi may be merely mechanical, interfering a while with the circulation, so as to produce edema, as in milkleg, varicose veins, and neuralgia, when in a few days, by means of collateral circulation, these conditions may disappear. When thrombus occurs in the vena porta, we have congestion of the various viscera of the abdomen, as the stomach, liver, kidneys, etc.; and, as in this instance it acts as an embolus, it becomes serious in proportion to the size of the vessel it obstructs. An infarction in the liver might be relieved to some extent by the hepatic artery furnishing blood-supply to the part thus cut off. Hence, a thrombus may be said to be bland or dangerous according to its situation, or as it may be complete or incomplete.

An embolus being arrested in a small artery produces what is termed an infarction or complete arrest of the flow of blood to the part which that artery supplies. The part thus deprived of blood becomes necrosed or dies. In a short time the tissue thus destroyed presents a whitened aspect, if the blood-supply has been entirely cut off; or if not completely, a slightly pinkish cast. This condition constitutes, if in the brain, what is termed softening from embolism.

An embolus may be bland, dangerous, or infectious. It is bland when the infarcted part can be nourished by other vessels through the anastomoses;



dangerous, when large enough to plug up large arteries in organs essential to life, or in smaller vessels supplying parts not furnished with blood by other vessels; infectious, when composed of putrid or decomposing material, as in matter derived from wounds, abscesses, or cancerous growths. When embolia derived from these sources form, a pathological process is set up in the part, producing abscess, which constitutes pyemia.

I have, in as succinct and condensed a manner as possible, stated in the foregoing remarks the nature and characteristics of thrombi and embolia. It may be remarked by some that everybody knows all about these matters, and it is useless to publish them in a medical journal. This may be so with many, but I am convinced that some, at least—for instance, country doctors like myself—are not so well posted. I feel satisfied that many patients die from the effects of these troubles when the cause of death is not even suspected by the physician. When a person dies suddenly, it is generally said he died of heart or brain affection; or if he dies after lingering a while, with impairment of mental function, it is guessed that he died of brain softening, without knowing the cause. I therefore offer no apology for writing this article, but hope some doctor no better posted than myself will take the trouble to investigate the matter for the benefit of himself as well as his patient.—*Louv. Med. News*, July 1.

#### EFFECTS OF BLEEDING.

ARLOING (*Rev. de Méd.*) studying the effects of blood-letting on the circulation, by an examination of the blood-pressure, the force, frequency, and character of the pulse, and the swiftness of the blood-current before and after bleeding, concludes that moderate abstraction of blood increases the irrigation of the tissues and the processes of assimilation and tissue metamorphosis, because it is accompanied by general capillary dilatation. Copious bleeding, on the other hand, as when a third of all the blood in the body is taken, diminishes the irrigation of the tissues and causes grave disturbances of circulation, with very irregular and frequently retarded action of the heart.—*N. Y. Med. Jour.*, June.

#### THE URINE IN SCORBUS.

In a paper in the *Wein. Med. Wochen.*, Dr. Kretschy says that Prof. Duckek, of Vienna, during the last nine years has had under his care sixty-four cases of scorbutus, and a symptom has been noted in them which may contribute to the better knowledge of the disease, and at all events is deserving of more close attention than it has received, especially in St. Petersburg, where scorbutus is no uncommon disease in the hospitals. It is the dark color of the urine, unaccompanied by diminution in its quantity, and with an absence of fever. As improvement takes place, the urine becomes clearer again. Upon examination the urine exhibits an acid reaction. There is present neither albumen nor coloring matter of the blood, but there is an increased amount of urea. Dr. Kretschy infers that scorbutus commences with an increased destruction of blood corpuscles, the appearances persisting as long as the process is on the increase.—*Med. Times and Gaz.*—*Louv. Med. News*, June 10.

#### PHLEBECTASIS.

RIEDEL (*Centralb. f. Chir.*) reports the case of a man 42 years old, always healthy, member of a family in which apoplexy frequently occurred, who acquired in the course of two or three months a stupid expression of countenance, with, later on, determination of blood to the head, rushing sounds in right ear, giddiness on stooping, and troublesome burning of face. A few days later there was well-marked facial cyanosis, especially on right side. The veins of the chest on the same side were full and distended, and at the anterior border of the axilla a tortuous varicose vein was visible. In the

right supraclavicular fossa there was a tumor the size of a hen's egg, from whose upper margin the dilated external jugular vein ran upward. Pressure on this non-pulsating tumor caused it to disappear, whilst the patient experienced loud rushing noises in the ear. On cessation of pressure, the tumor, whose lumen could be traced for some distance into the chest, resumed its former size. There was a similar, though much smaller, tumor on the left side. The heart and other organs were found to be normal. Under daily injections of ergot the swellings rapidly disappeared, becoming flatter and harder, and the subjective symptoms ceased. As a central obstruction of the circulation may be excluded, Lindner is inclined to regard a chronic phlebitis, specially localized in the neighborhood of the valves, as the cause of the symptoms described. Owing to this process the venous walls become affected in such a manner that they give way under the moderate pressure of the blood-stream, retarded somewhat by the altered valves.—*Edinburgh Med. Jour.—Med. News, July 29.*

### TREATMENT OF GOITRE WITH ERGOTIN.

M. BAUWENS, speaking of the treatment of goitre with ergotin, divides cases of goitre into the following classes: 1. Cystic goitre, with easily apparent fluctuation. 2. Goitre partly cystic and partly hypertrophic. 3. Goitre characterized by diffuse parenchymatous hypertrophy and great vascularity. 4. Recent goitre, soft and diffuse. In cystic goitre, and in soft, diffuse, recent goitre, the author considers that iodine is the best remedy, and has most confidence in parenchymatous injection as the mode of its employment. He calls attention to the fact, however, that in proportion as vascularity predominates as a cause of thyroid enlargement, so will iodine fail to cause reduction. Iodine stimulates the reabsorption of the contents of the cysts, but cannot cause the vascularity to diminish. It is in these latter cases that the author recommends ergotin. The ergotin should be injected into the substance of the tumour; it at once causes contraction of the muscular coats of the small arteries, and a diminution in the size of the tumour and in the amount of pulsation observed is at once apparent. He uses the following solution: R. Yvon's ergotin, 1 gramme (gr. xv); glycerine, water, in equal parts, enough to make 7 grammes (3j). Of this solution he injects 2 grammes (3ss.) at a time directly into the substance of the goitre; this treatment is repeated at intervals of about two weeks until a cure is effected. It may not be out of place to mention that the ergotin of Yvon does not differ in any essential from that of Bonjean and other makers. The author reports the following case: A woman of twenty-nine has suffered from goitre since the age of fourteen. Moderate in size for seven or eight years, the tumour has lately begun to enlarge quite rapidly; at the time of examination it measured three inches transversely, by two and a half vertically, the right lobe predominating. It was elastic to the touch, pulsated, and presented a slightly marked souffle. At the menstrual epoch, upon excitement, or as a result of singing, shouting, or hard work, the tumour became more enlarged, and pulsated vigorously. The signs were those of a goitre, essentially hypertrophic, with predominance of the vascular element. At times there were attacks characterized by dyspnoea, buzzing in the ears, dizziness, and dimness of vision. Twice the patient had suffered from attacks of complete aphonia lasting two or three weeks. Iodine had been tried in various forms and ways, but without any good result. Parenchymatous injections of ergotin, as described above, were practiced for five weeks, every six or seven days; at the end of that time the tumour had completely disappeared. There was at no time any considerable soreness or pain as a result of the injections. A little swelling, with some sensitiveness at the point of injection, lasting only about forty-eight hours, was the only trouble occasioned. The author suggests the treatment in exophthalmic goitre, although he has not yet had an opportunity to try it.—*Concours Med.—Can. Lancet, June.*

### THE CIRCULATION.—DIGITALIS AND ACONITE.

Experimental research has proven that digitalis is a tonic for the heart; that under its use the contractions of the organ become more powerful; that in consequence the frequent and weak pulse becomes slower and fuller, and that this remedy should, therefore, be employed, when the rapidity of the pulse is due to debility of the main organ of circulation and the blood pressure is diminished. They have further demonstrated, that the effect of aconite is exactly the opposite; that this remedy reduces the strength of the impulse; that in cases of over-action of the organ, of too powerful contractions of the same, it diminishes the frequency of the pulse and reduces the blood pressure. We can now see the reason why, in some cases of acute croupous pneumonia, digitalis is the safer remedy, and in others aconite or veratrum viride, the latter being very similar in its effect to aconite. If a strong and robust adult, with a vigorous heart, is affected with pneumonia, our aim, in the beginning, must be to reduce the strength of the heart, and of the blood pressure, not to increase it, and we administer aconite or veratrum viride with happy results. In such a case the remedies named will diminish the frequency of the pulse. But if an anæmic individual or an old person with a weak heart is suffering from pneumonia, and we should employ the same means, the heart would become weaker still, and the pulse at the wrist more rapid. Here digitalis will give tone and strength to the heart; under its influence the latter will contract with more vigor, and the pulse will be diminished in frequency.

It would lead us too far, were we to give every indication for the use of digitalis or aconite; but this rule can always be followed with safety: Whenever we wish to reduce the arterial tension and the power of the heart, when we aim to weaken the latter, aconite is the remedy indicated, while to increase the strength of the organ and the activity of the circulation, to diminish the frequency and improve the tone of the pulse, we have to employ digitalis. Therefore, in organic diseases of the heart, aconite is beneficial in hypertrophy, and digitalis in dilatation.—*Editorial in Med. and Surg. Rep., June 3.*

### WINTER APOPLEXY.

During the rigorous winter of 1879-80 Dr. E. Bax observed some accidents of an apoplectiform character, of which he has described the mechanism and symptomatology in a paper read at the Medical Society of Amiens, April 1, 1880. He arrived at the following conclusions: Cases of apoplexy are more frequent during the winter than during any other season of the year. The more intense is the cold, the more numerous are these cases. The cold renders the surface of the body anemic, augments the arterial tension, and consequently produces congestion of the viscera and especially of the encephalon. This congestion, if it do not kill, may give rise to hemorrhages which are not considerable if the vessels of the encephalon are fairly healthy. It is likewise possible that the anatomical constitution of the blood becomes changed under the influence of cold, and that this change is allied to the pathological phenomena observed. Dr. Bax's observation on the effect of the intro-pelvic action of cold in producing apoplexy is interesting, but the idea is not new in this country.—*Brit. Med. Jour.—Louv. Med. News, July 29.*

### DISEASES OF THE ORGANS OF DIGESTION.

#### ŒSOPHAGEAL SPASM.

A. W. TIPTON, M. D., Jacksonville, Ill., writes:—Apply the positive pole of a faradic battery to the head, having first moistened the hair; negative over the thorax three to five minutes (mild force). Then apply the positive

to the cerebellum, negative over the thorax and bronchi, three to five minutes as before. Then change and apply the positive over the thorax. Negative on the spine between the shoulders, three to five minutes. If there is general debility or derangement of the nervous system, apply the positive to the base of the brain; negative over the body generally ten to fifteen minutes. Conclude by reversing the current. Positive to the feet; negative over the body, generally ten to fifteen minutes. Treat daily.—*Med. Brief, July.*

#### AMYGDALITIS.—SALICYL SODIUM.

Dr. JOSEPH W. HUNT details his experience in the treatment of acute amygdalitis with salicylate of sodium, to which his attention was first directed by the intimate connection which exists between rheumatism and many cases of amygdalitis. The results have been most favorable; in many cases the remedy acted almost as a specific. If suppuration has not already commenced, decided relief is experienced in the first twenty-four hours. When he has been able to commence the treatment in time, not a single case has gone on to suppuration. In many cases where, from the brawny and infiltrated condition of the tonsils and adjacent parts, it seemed unavoidable that suppuration should ensue, it has been prevented by the treatment. The doses used have been fifteen grains every four hours for an adult, ten grains every four hours for a child. The author does not hesitate to confidently affirm that the salicylate of sodium is the best remedy in acute amygdalitis.—*N. Y. Med. Jour., June.*

#### CLERGYMAN'S SORE THROAT.

Dr. SPRINGSTEIN recommends the following as a useful palliative and, in some cases, a cure for this troublesome disease:

R. Tinct. opii., tinct. sanguinarie,  $\mathfrak{ss}$  fl.  $\mathfrak{z}$  j; balsam tolu., 3 ij. M. Sig. Twelve drops on a lump of sugar three or four times a day.—*Med. Brief.*

#### CURE OF ANGINA GANGRENOSEA BY CORROSIVE SUBLIMATE.

L. M. PEREZ has used in the first stages—enlargement of sub-maxillary glands, yellowish-white pseudo-membrane on tonsils or uvula, difficulty of swallowing—of this disease, local applications of hyd. bichlor, 1 to 30, gargling with acidulated water, lemonade, to quench thirst, and a diet of warm soups. This measure is valueless after the first period.—*Deutsch. Med. Zeit.—St. Louis Clin. Rec., June 10.*

#### IODOFORM SPRAY IN ULCERS OF THE THROAT OR VAGINA.

In the *Journal des Sciences Med.*, M. Dujardin-Beaumetz recommends a new method for the use of iodoform in the case of syphilitic ulcerations, or those attending vaginitis. By means of the spray he applies on the affected parts a solution of iodoform in ether, of which the following is the formula:

Iodoform, gr. xv.; ether sulph., fl.  $\mathfrak{z}$  ij. Mix.

The spray supplies a regular tenuous deposit of iodoform which reaches every fissure. In this way it is possible to reach those deep ulcerations of the throat which are otherwise so difficult to get at. The cure of vaginitis is explained by the effects of iodoform on the little ulcerations of the vulva, which are almost always a determining cause in all painful contractions of the ring. Iodoform is of no service in any form of vaginitis other than that due to ulcerations or fissures.—*Louv. Med. News, June 10.*

## GLYCEROLE OF ERGOT IN TONSILLITIS.

Dr. ISAAC BARTON, in a very able paper before the Philadelphia Laryngological Society, called attention to the very good results achieved in tonsillitis by an injection into the tonsil of a glycerole of ergot.—*Med. Bulletin, July.*

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## MERCURIAL SALIVATION.

For the prevention of salivation Prof. Panas prescribes the following powder, with which the gums should be rubbed ten or twelve times a day during treatment by mercury: Powder of cinchona, 8 parts; powder of rhatany, 1 part; powdered chlorate of potash, 1 part.—*Med. Times and Gaz.—Drug News, July 28.*

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## GASTRIC ULCER.—CAUSES.

Dr. L. GALLIARD (*Journal des Médecins de Bourdeaux*, May 28, 1882,) comes to the following conclusions: Simple or perforating gastric ulcer is not a specific affection, but owes its distinctive characteristics to the action of the gastric juice. It results from various causes. The three theories of its origin serve to explain certain cases. First: Rokitsansky's theory of venous stasis explains hæmorrhagic erosions of the stomach. Second: Virchow's theory of thrombosis or embolism causing obstruction to the arterial circulation, explains the existence of certain large and spreading ulcers and, probably, also the presence of certain latent ulcers. Third: Cruveilhier's theory of gastric inflammation serves to explain the origin of the vast majority of gastric ulcers, and, according to Dr. Galliard, has much clinical and pathological evidence in its favor.—*Chicago Med. Rev., July 1.*

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## GASTRIC ULCERATION INTO THE LEFT VENTRICLE.

Dr. OSER, some time ago, published a case in which a round ulcer of the stomach opened into the left ventricle through a narrow canal. The perforation had occurred three days before death, and resulted in vomiting of arterial blood and tarry stools. A similar case has just been published by Brenner (*Wiener Medicinische Wochenschrift*, No. 47, 1881.) A woman of fifty-five had been subject for many years to cardialgia, sometimes accompanied with vomiting. Six months prior to her death the patient had an attack of pleurisy, followed by sharp pains radiating to the epigastrium. A few days before death the patient vomited blood, had marked cardialgia, and had tarry stools. On autopsy a circular ulceration was found on the lesser curvature of the stomach, which communicated with an opening in the wall of the left ventricle. These are said to be the only two cases on record.—*Chicago Med. Rev.*

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## PILLS FOR DYSPEPSIA.

Diastase, 10 grains; pepsine, 50 grains; extract of gentian, 50 grains; tartaric acid, 50 grains; powdered rhubarb, 50 grains; gentian, sufficient. Divide into three-grain pills, and silver, if desired. Dose, two to three pills during meals or shortly before.—*Druggists' Cir., June.*

## QUININE IN ABDOMINAL CONGESTION,

Miss S., aged 20 years, was taken violently sick. I was requested to visit her. I found her with well-marked inflammation of the bowels, excessive tenderness, a rapid, small pulse and certain other symptoms which made me fear intussusception also. The treatment, in the main, consisted of fomentations over the abdomen, calomel and opium internally, and frequent alkaline enemata. Finding no improvement, I endeavored to bleed her, but the veins were so collapsed that the blood would not flow. I then determined to try the effects of quinine, and gave her four grains every two hours, which she retained. After several doses had been taken, I found the pulse much improved—fuller, more vigorous and slower, but there was no action on the bowels. The family being much alarmed, I called Drs. R. S. Hamilton and Hinkle in consultation. We agreed to try venesection again, and were delighted to find the "bowels give way" during the flow of blood. All the symptoms improved visibly; and after a rather tedious convalescence, our patient entirely recovered.—(Dr. J. A. Waddell, Staunton, Va.)—*Va. Med. Monthly*.

## THE DIGESTION OF FAT.

Dr. J. MILNER FOTHERGILL, in the *Practitioner*, says: "The digestion of fat is not affected either by the saliva or the gastric juice. It is a moot point, yet, how far some of the portion of the fat in the stomach may not be broken up into fatty acids and glycerine, and that these fatty acids may aid the bile and the pancreatic juice in the emulsionising and saponifying of the rest of the fat. But the digestion of fat takes place beyond the stomach, to speak broadly. When the contents of the acid stomach pass the partially relaxed pyloric ring, they come into contact with the bile and are rendered alkaline. And then the action of the pancreatic secretion comes into play. About this last matter older practitioners know little. That is not their fault however. The subject is one which has been cleared up since their student days. The pancreatic secretion contains four principles: (1) a ferment which changes starch into sugar; (2) trypsin which digests albuminoids in an alkaline medium; (3) a substance which will curdle milk; and (4) another substance which will emulsionise fats. Consequently contrary to what is thought by many, it is beyond the stomach that the greatest digestive activity occurs. When the contents of the stomach pass into the small intestine the pancreatic secretion commences its operation. The remaining starch, unconverted into sugar by the saliva, is acted upon now, once more; the albuminoids not already digested by the gastric pepsine are digested by the pancreatic trypsin, while the fats are emulsionised so that they can be taken up by the lacteals in the villi of the intestines. Here then we have digestive activity in its most pronounced form. But of indigestion here we as yet know nothing; we merely know that fat is not digested in certain cases. Yet there are some matters connected with the digestion of fat which are not made as much the subject of thought as they ought to be. There is the broad fact that cod-liver oil, cream, butter, the liquid portion of fried bacon, are the most digestible fats; that these can often be assimilated when the ordinary fat of meat is not digested, and is turned from with loathing. Many a child will reject with disgust the fat of meat, so sweet and toothsome to many persons with good assimilative powers, and readily take cod-liver oil; admitting that the latter is not attractive by its taste. There is clearly something here in the albuminoid envelope of the animal fat. Fat as found in the bodies of animals, consists of connective corpuscles crammed with fat globules. Before such fat can be digested the albuminoid envelope must be removed. How far this film of connective tissues interferes with the digestion of the fat contained in it, we cannot say. But the facts stand in a very suggestive relationship.

Now what means have we for influencing this portion of the digestive act? Again, we may stimulate the pancreas, or fall back upon artificial pancreatic

secretion. For the purpose of stimulating the pancreas we possess one agent alone of which we as yet have any knowledge. This is sulphuric ether. Dr. Balthazar Foster, of Birmingham, first brought forward ether for this purpose, giving it with cod-liver oil, where the oil alone did not seem to be assimilated. This work has been corroborated by the report of a commission appointed in the United States of America to investigate the matter. It is certainly a measure well worth trial in cases where pancreatic digestion is impaired."—*Pacific Med. and Surg., Jour.*, June.

#### SOURCE OF THE BOTHRIOCEPHALUS LATUS.

Though it has long been known that tapeworms gain access to the body through the medium of measly animals, hogs furnishing the *tænia solium*, horned cattle the *tænia mediocanellata*, the source of the *bothriocephalus latus* has been unknown, though, according to Knock, it develops in the water. This author holds that the parasite, unlike the other tapeworms, has no intermediate bearer, though it seems now clear that the *cysticercus* has been found in certain fish, and it was even suspected that the pike and lota were the fish usually selected. Since the *cysticerci* cannot with certainty be differentiated from other larval forms, they have been fed to cats and dogs, developing the mature *bothriocephalus*, which in size and other characteristics could not be distinguished from the human form. In pike the parasites are said to be *usually* found, the middle-sized fish having from forty to fifty cysts. Of more than sixty that were examined, but one had muscles that were not so infested.—*St. Petersburg Med. Woch.*—*Med. Record*, July 29.

#### TAPEWORM.—PELLETIERINUM TANNICUM.

The alkaloid pelletierinum, lately extracted from the *cortex radices granati*, is, according to Dr. H. Witt (*St. Petersburg Medical Weekly Journal*), the most certain of all our remedies for tapeworm. In five cases, in which for a number of years all the usual remedies, even extr. *felic. marisarth.*, had proven themselves to be unsuccessful, about twenty-two grains of pelletierinum tannicum followed by a tablespoonful of castor oil had the effect that the dead tapeworm appeared unbroken in the stool. The remedy is easily administered, as it is perfectly tasteless.—*Med. and Surg. Rep.*, June 10.

#### TAPEWORM AND PEPSINE.

BOUCHUT put a tapeworm in a solution of pepsine, and after a digestion of a few hours at about 35° C. (95° F.) the tapeworm was dissolved. Then an experiment was made with a child suffering from tapeworm. Three grains of pepsine per day were given during five days, with the best result. As pepsine may be considered the most harmless and less disagreeable of all preparations used against tapeworm, the probabilities are that hereafter first of all remedies against tapeworm pepsine will be tried.

It should, however, be remembered that pepsine without muriatic acid is only half as efficacious as pepsine with the acid, and that the pepsine of commerce always requires muriatic acid to set free the digestive principle. It should also be borne in mind that it is necessary to have a good active pepsine. The dose of three grains was of a 100 per cent. pepsine. The dose of a saccharated pepsine should be increased in proportion to the sugar of milk or other substances it may contain beside pepsine.—*Druggists' Cir.*, June.

## ASPIRATION IN INTESTINAL INVAGINATION.

We read in the *Paris Medical*, January 28, 1882, that Dr. Godfrey has treated a case of intestinal invagination as follows: The patient, a man 37 years old, was vomiting a greenish yellow liquid having a most offensive fecal odor. His abdomen was distended, and very tender to the touch; and distinct fluctuation together with dulness was perceptible over the entire course of the colon. The umbilical region was somewhat tympanitic. Great tenesmus existed, and the efforts at defecation only resulted in the passage of a little bloody mucus. Having carefully ascertained that no hernia existed, the intestine was punctured, first in the left, then again in the right iliac region, the largest needle of a Codman and Shurtleff aspirator being used for that purpose. More than a pint of liquid, similar to that vomited, was thus withdrawn, and the patient felt somewhat relieved. Vomiting now became less frequent, and finally ceased. Morphine, first hypodermically, then by the mouth, procured sleep, and after three days the intestine had resumed its functions, and in less than a week the patient was again well.—*Med. and Surg. Reporter*.

## GENU-PECTORAL POSITION IN FLATULENT COLIC.

Fresh testimony as to the value of this position was afforded at a recent meeting of the New York Obstetrical Society.

Dr. Emmet is reported to have said that for a number of years he had placed patients in the knee-chest position for the relief of flatulent colic, and the efficacy of the method was somewhat remarkable. The intestines fell forward and gas began to escape almost immediately, giving the patient as great relief from her sufferings as if opium had been administered freely.—*Can. Jour. Med. Sci.*

## LEAD COLIC FROM FUMES OF MATCHES.

Dr. GENEUIL, in the *Bull. de Thérap.*, relates a case where he succeeded in giving complete and permanent relief to the terrible pains of lead-colic by a very simply procedure. A towel wetted with ice-water was applied over the surface of the abdomen and retained for a few seconds, and then replaced by a very hot dry towel. The pain immediately disappeared. The patient was an inveterate smoker, and the cause of the colic was probably due to the use of matches colored with the chromate of lead in lighting his pipe.—*Druggists' Cir.*, June.

## DIARRHŒA—ARSENIC.

In his address delivered before the Plymouth Dist. Soc., Dr. J. W. Spooner mentioned the following case:—

A little girl, two and a half years old, who had cut all her teeth, exhibited no sign of disease except a most obstinate indigestion and diarrhœa. Pepsin, lactopeptine, mineral acids, tonics, astrigents, antacids, were all in turn and ineffectually tried. Article after article was dropped from the bill of fare until only a milk diet remained. The slightest deviation from this rigid regimen would be followed by a return of diarrhœa and the passage of undigested food. The little patient, full of animal spirits, and with appetite unimpaired, rebelled against so rigid a diet. Recourse was had at this time to arsenic. I gave her three quarters of a drop of Fowler's solution every three hours. The effect was magical. The entire tone of the intestinal canal seemed to undergo a change. I was able to increase the variety of her food from day to day. The medicine was soon reduced to three times daily, and a speedy and in every way satisfactory cure was established. This case



occurred last summer. There have been since then two or three relapses, but these have only served as additional testimony to the benefit of arsenic, as the health was restored at once after the use of this drug.—*Boston Med. and Surg. Jour.*, July 27.

### SILVER NITRATE IN DYSENTERY.

Dr. STEPHEN MACKENZIE (*American Medical Weekly*, June 3, 1882,) comes to the following conclusions respecting dysentery: Dysentery, whether constitutional or local in origin, has its local expression in ulceration of the mucous membrane of the colon. This ulceration is most efficiently treated, as ulceration elsewhere, by local applications. The local applications most useful are enemata of nitrate of silver, so large as to come into contact with the whole of the affected mucous membrane.—*Chicago Med. Rev.*, June 15.

### ACONITE IN ACUTE DYSENTERY.

Dr. WILLIAM OWEN (*Indian Medical Gazette*) reports one hundred and fifty-one cases of acute dysentery occurring in the Convict Hospital, Port Blair, India, which were treated with tincture of aconite. All the cases were typical examples of acute dysentery, and all, with one exception, recovered. He states that he was led to give aconite a trial, as the remedy most likely to be successful, from the following considerations: 1. From its beneficial action in other acute inflammations; 2. From its effects on the capillaries of the skin which it dilates, thus relieving internal congestion; 3. From its antipyretic action in febrile cases; 4. From its sedative action on the mucous membrane of the stomach and intestines, and its beneficial action in some forms of dyspepsia. In the first case in which he tried this remedy he was somewhat diffident, and he had ten cases in which a combined treatment of ipecac and aconite was used. However he soon discontinued the ipecac entirely, finding there was no occasion for its use.

Dr. Owen gives one minim every quarter of an hour for the first two hours, and a minim every subsequent hour, or thirty minims in twenty-four hours. This method he finds to be followed by the best results, inasmuch as the action of the medicine is more rapidly established, and an effect on the disease was more quickly produced than by the other methods.—*Louv. Med. News*, June 10.

### IPECAC IN DYSENTERY.

It is often forgotten that during the initial stages of many cases of dysentery constipation is present, and that therefore neither opium nor bismuth will calm the pains so often present. Here it is preferable to use mild purgatives. Ipecac (*Jour. de Méd. et de Chir. Pract.*) seems according to Dr. Potain, to fill most of the requirements. The use of ipecac is not original with Dr. Potain, as it has long been employed in India. He gives a decoction of ipecac root (two grammes to five hundred grammes of water) in the course of every two or three hours. Nausea and vomiting should if possible be avoided.—*Chicago Med. Rev.*

### CALABAR BEAN IN OBSTINATE CONSTIPATION.

In animals Calabar bean is known to produce tetanus of the intestinal muscular coats, and hence to bring about the forcible expulsion of the contents of the intestine. Dr. Schaefer has upon this ground employed it in obstinate constipation depending on atony of the muscular coats, such as is often observed in women and in old men. The result has justified his expectations, for severe cases have yielded in less than twenty-four hours after administration of the drug. His formula is:

R. Ext. physostigmatis, gr.  $\frac{1}{2}$ ; glycerini, fl. 3 iiss. Six drops are to be taken every three hours during the day.—*Berl. Klin. Woch.*—*Louv. Med. News*, June 17.

## CONSTIPATION.

Dr. J. C. FRYE gives us the following, which he recommends very highly in cases of chronic constipation:

R. Fl. ex. cascara sagrada, ℥ ij; tr. belladonnæ, ʒ ij; tr. nucis vom., ʒ ij; acidi nitro-muriat. dil., ʒ ss; syrapi, ℥ ij; aquæ, ʒ iij. Dose, a teaspoonful night and morning.—*Peoria Med. Mo., June.*

## PURGATIVE LINIMENT.

R. Tr. colocynth, ʒ j; castor oil, ʒ ij. M. The tincture of colocynth is to be made from stronger alcohol and one-tenth of its weight of colocynth deprived of seeds. A teaspoonful of the liniment is to be rubbed on the abdomen night and morning.—*Druggists' Cir.*

## RECTAL ALIMENTATION.

Dr. J. TYSON contributes a paper upon this subject, to the *Brit. Med. Jour.*

The anatomy of the rectum is not ill-suited, he says, for the purpose of feeding, the vascular supply being greater than that of any other part of the large intestine, while at the lower part, just within the anus, is a dilatation, useful for the lodgment of food, the anus itself, serving as a sphincter, much like those which guard the pyloric or cardiac end of the stomach.

Many have believed, that the giving per rectum of such substances as eggs, beef tea, etc., had little or no nourishing effect, since albumen, starch and gelatin cannot pass into the system, until converted into crystalloids, and the brandy frequently added, tended only to increase the colloid properties of these substances, and render still more nugatory the use of such enemata. Whether the rectum has the power of changing colloids into crystalloids, is perhaps doubtful, but results which have, and do now follow the use of rectal alimentation are too evident to admit of doubt, that the rectum possesses properties by means of which nutrient enemata, if not wholly absorbed, are partially so certainly. We have in mind several cases in which the most marked benefit was obtained by such enemata, the patient putting on flesh under their use.

The operation of administering an enema requires to be carefully and skillfully done. Any one who has given these injections by means of the ordinary ball-syringe, must have felt the inconvenience of this, the usual mode of procedure. If the ball be not quite full, air will probably be injected into the rectum, to the annoyance of the patient; and, even when the ball is full, great care must be exercised not to spill any of its contents on the bed. The best mode is to take a piece of india-rubber tubing, two or three feet long. At one extremity fix a small piece of bone, resembling that which is attached to an ordinary Higginson's syringe; to the other end of the tubing attach a funnel. When the injection is to be used, the patient is placed on his side, the bone extremity of the apparatus oiled, and passed into the bowel, the other end raised, and the prepared enema is now poured into the funnel, and runs easily and comfortably into the rectum; the rate of progress can be increased or diminished according as the funnel is raised or lowered, or the food can be arrested at any time altogether by just nipping the tube below the funnel by the fingers of the hand holding it. If this apparatus be not at hand, a Higginson's syringe is the next best thing.—*Mass. Ecl. Med. Jour., July.*

## PROCTITIS.

The following curious case of Proctitis is reported by Prof. Fürblinger, of Jena. The patient, a laboring woman, 49 years old, affected with syphilis, was admitted to the hospital on the 17th of December, 1881, complaining of

severe pains in the anal region, thin, scanty stools which passed unknown to her, severe dyspeptic symptoms and general debility. At the first examination there was pronounced cachexia, a very slight elevation of temperature, small, frequent pulse; the respiratory organs were intact; the heart, liver, spleen, were healthy; the abdomen somewhat distended and painful upon pressure; the genitals were in a normal condition; the urine scanty, 1026, very acid, of a dark brownish red, free from glair, contains little nubecula, without other sediment; extensive ulcerations over the right buttocks; and the neighborhood of the anus was stained with a motley, filthy, fœcal discharge. After this last was removed, an enormous inflamed varicose ring, with slight ulcerations, was discovered. The finger penetrated readily through the anal orifice, and a hard, sharp body was encountered, with loud crepitations. After working half an hour with the crooked finger, 98 plum stones were removed. This mass of foreign bodies, as well as others that were felt, was embedded in a fœtid, bleeding mass, which besides, contained pieces of twine, fruit, skins and plum stems, the whole presenting a glary appearance. After cleansing the rectum with a weak antiseptic solution, there was very little hemorrhage, the mucous membrane, as seen through the anal ring, offered a dark, blueish-red color, was swollen and soft to the touch, and slight ulcerations and bleeding erosions were discovered; further on the entire mucous membrane was covered with ulcerations; there were no distinct cicatrices and no appearance of Periproctitis. During the next 24 hours there was no defecation. On the morning of Dec. 19th, 137 more plum stones were removed with the finger. They were mixed with a large quantity of feces, and also a number of shreds of glary matter. The woman now explained that one day in October, while suffering from extreme hunger, after having begged all day without success, eat a quantity of plums, regardless of the stones, stems and skins. After the administration of cold enemata and free doses of Castor Oil, the patient, 12 hours later, was relieved of an enormous dark brown fœcal mass, partly hardened, partly of a doughy consistence, in part pap-like. Six weeks after her admittance to the hospital she was convalescent. Upon a rectal examination, with the exception of a few cicatrices and polypoid excrescences, the mucous membrane was found intact.—*Mo. Rev., Med. and Pharm., July.*

#### PROCTITIS AND PERITONITIS FROM RHUS-POISONING OF THE BUTTOCKS.

Dr. DUNMIRE reports the following case of a woman, who with her family visited the East Park. In the evening, returning by way of a bridle-path, she had occasion to evacuate her bowels, after which the absence of paper was supplied by the abundance of foliage within her reach.

He says:—I visited the place in the East Park, vicinity of the Dairy, and there found abundance of the *Rhus toxicodendron*. August 22, four days after the handling of the leaves, I was called to see her. She was suffering from an eczematous eruption upon the skin. The sense of burning, the violent itching and swelling at times peculiar to it, with the pain, heat, fever, and vesication attending, she characterized as "awful." It had begun near or about the nates, extending over the vulva, which was greatly tumefied and painful, with a purulent discharge from the vagina. From these parts it spread all over the body, first on the face, evidently owing to the discharge from the primary trouble being carried by the hands. The face and lips were swollen so as to change the features, and what seemed new to observation was that the mucous membrane of the mouth and throat was inflamed and painful.

Patient suffered intensely for two weeks, at which time the poison seemed to have reached the peritoneum. She lay on her back, totally indifferent to her other troubles, with thighs flexed upon the pelvis. Great pain and tenderness over the bowels, particularly so on the left side, which afterward extended over the abdomen. The lightest pressure would produce pain. The pulse and temperature high, having had a chill in the night. Opium was freely

given, and locally turpentine stupes and poultices of oat-meal made with acetic acid and alum were applied constantly.

On third day of this abdominal trouble the pulse was quick and small, temperature lower, some anxiety of countenance, and sick stomach. These symptoms occasioned some fear for the result of the case. After more than five weeks from the beginning of the rhus-poisoning, the patient recovered.

Because of the dangerous character of the latter trouble, the skin affection was lost sight of, but as it improved, the skin desquamated in large flakes.—*Med. Times*, June 17.

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#### GONORRHEA OF RECTUM.

Dr. MORRIS, of Baltimore (*Maryland Medical Journal*), reports a case of gonorrhœa of the rectum in a lady; did not arise from unnatural practices. The symptoms were pain, spasmodic contractions, formication, etc. The treatment consisted in applying nitrate of silver thoroughly to the everted rectal mucous membrane.—*Med. Record*, July 15.

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#### STRYCHNIA IN PROLAPSUS ANI.

Dr. LEONARD WEBER, New York (*Amer. Med. Weekly*), inserts the needle into the cellular tissue parallel to the rectum, and about three-quarters of an inch from the anus, and injects  $\frac{1}{16}$  grain of strychnia for an adult. The operation is repeated every forty-eight hours till complete recovery takes place; from four to eight injections are needed. The pain is not severe, and no inflammation or abscess has in his cases resulted.—*Chicago Med. Review*.

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#### DISEASES OF THE URINARY ORGANS.

##### VALUE OF THE MICROSCOPE.

The valuable assistance derived by the aid of the microscope in diagnosis of diseases of the kidneys and bladder is very great. I consider it indispensable in the successful treatment of those diseases.

For instance, chronic Bright's disease of the kidneys can be distinguished from an acute case. If we find renal casts and blood in the urine of a patient, it indicates disease of recent date, but if we find transparent or waxy casts, it indicates fatty degeneration of the kidneys. If blood is from the kidneys, the corpuscles are equally diffused through the urine, but if from the bladder or urethra, the color is "pinkish or vermillion," and contains clots. If we detect uric acid crystals in the urine before it gets cold, or within six hours after it has been voided, the patient is in danger of having a calculus form in the bladder. This can be ascertained by the aid of the microscope, and then we can give remedies that will avert it. By the aid of the microscope we can detect a malignant from a benign tumor, and pus from a strumous patient from that from a healthy subject.—*W. S. Ross in The Microscope*.

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##### SIGNIFICANCE OF TUBE-CASTS IN BRIGHT'S DISEASE.

Dr. J. S. RICHARDSON, of Philadelphia, in a paper read before the Philadelphia County Medical Society (*Med. Times*), takes a stand opposed to that held by Charcot and others, in his estimation of the importance to be ascribed to the casts found in the urine. He maintains that the scanty flow that is observed in some forms of Bright's Disease, is accounted for by the mechanical obstructions offered by the casts in the tubes. He also invites attention

to what he called "mucous casts," long and branched bodies found when the bladder is irritated. They sometimes have leucocytes attached. The casts shrink in a solution of the acetate of potassa, a diagnostic test for them. Where there is question as to the fatty nature of the granules in casts, Dr. R. suggests the use of an osmic acid solution, which colors them black. Dr. Tyson, in commenting on the paper, sustained the more common theory that hyaline casts are fibrinous in their nature. Dr. Formad advanced his belief that even the hyaline casts may become granular after the expiration of a few days; sometimes they are granular from the presence of bacteria, though this cause did not appear to have been often suspected.—*Med. Record*, July 15.

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#### VERTIGO OF BRIGHT'S DISEASE.

Dr. ROBERT SAUNDBY says that even while we cannot hope to effect a cure of the disease itself, it is often of the greatest moment to be able to relieve a symptom which is rendering life worthless. Vertigo is not a very common symptom in chronic Bright's disease; but though it does not receive much attention from text-book writers, when present it is a very serious matter to the sufferer, and often takes a pre-eminent place in his own account of himself. After trying various remedies, Dr. Saundby has found the greatest benefit from caffein or thein in doses of one, two or three grains in pill, three times a day.—*Brit. Med. Jour.*—*Therap. Gaz.*

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#### ADDISON'S DISEASE.—RECOVERY.

Recovery from Addison's Disease is of exceedingly exceptional occurrence, and for this reason the case reported by Dr. J. Magee Finny (*Dublin Journal of Medical Science*, April, 1882,) is of interest. The patient was a woman evidently of a tuberculous diathesis. Up to December, 1879, the patient had been perfectly well, she then found herself growing weaker daily and losing flesh; since the date named her body has gradually become darker, the pigmentation beginning on the forehead and front of the chest. On examination a venous hum was audible in the patient's neck. The heart sounds were weak and the pulse compressible. The pigmentation extended even to the mucous membranes of the mouth. The treatment consisted in simply combating the anæmia present. By January, 1881, the patient had become well nourished and the pigmentation had entirely disappeared. As this disease probably had its seat in the sympathetic system, the possibility of a remission should be taken into account.—*Chicago Med. Rev.*

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#### URÆMIA.—VENESECTION.

Dr. DESPINE, Geneva, Switzerland (*Lancet*, May 6, 1882,) after having employed venesection with good results in a case of uræmia from scarlatinal nephritis, examined the blood and comes to the conclusion that the explanation of uræmia is to be found in:—First: An accumulation of potash in the serum, derived from the uneliminated debris of red corpuscles, the destruction of which is increased by the accumulation of urea in the blood. Second: In an enormous increase of arterial tension in consequence of the influence of the potash salts upon the endocardium and cardiac nerves. The venesection acted in two ways, it directly eliminated the potash and lowered suddenly the arterial tension.—*Chicago Med. Rev.*, June 15.

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#### ALBUMINURIA AFTER EXTERNAL APPLICATIONS OF TAR AND IODINE.

Dr. JACUBASCH (*Charité-Annalen*) found that after having made applications of a tar-vaselin (picis liq., one part; vaseline, ten parts), to a child seven

years old for eczema, albuminuria appeared, and continued for seven days after discontinuance of the applications. On repeating the application the albuminuria reappeared and continued for six days. It was proven that the vaselin alone would not produce this effect. Dr. J. noticed the same effect to be produced on two other children aged six and eight years.

He also observed that albuminuria and fever followed the application of iodine to a swollen scrofulous gland in a girl four years of age.

Albuminuria, after pencilling with iodine, had already been observed by Simon and Budin, but only in children. J. noticed the same in a lady twenty-five years of age, seven hundred square centimetres of whose skin had been pencilled with iodine. Salts of iodine do not produce this effect, nor will it follow if the surface to which the iodine has been applied be washed with a solution of common salt or soda.

Von Lassar reports a case of fatal albuminuria in a man, following an application of petroleum to the whole surface of the body, on account of itching. Lassar has experimented by rubbing petroleum into the skins of animals. He found that it caused rapid degeneration of the epithelium of the uriniferous tubules.—*Physician and Surgeon, June, 1882.*—*Med. News.*

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### CONTRIBUTIONS TO THE DIAGNOSIS OF ALBUMINURIA.

We are gradually coming to realize the diagnostic and prognostic importance of albumen in the urine, and are being put on our guard against conditions of the urine which simulate albuminuria. Recently, Mr. Carter has offered evidence which appears to have clinical value. Thus, in his paper read before the Cambridge Medical Society on April 14th last (*Lancet*, May 13, 1882,) he instanced other substances, such as globulin, ptyalin, pepsin, trypsin, which occur in the urine and may be mistaken for albumen. Statistics show, he claims, that in about one-half the cases of albuminuria, the cause is other than usual. Sometimes it is due to a disorder of the nervous system from prolonged anxiety, or it may be connected in some way with a disturbance of the sexual functions, and this chiefly in males. Sometimes the digestive tract may be out of order, and then the name of "food albuminuria" is applicable. In other instances, again, the blood may be at fault, through some change that has taken place in the liquid itself, or it was caused by retardation of flow through some mechanical impediment.

In pregnant women both of these last-named conditions are maintained, for the gravid uterus not only is an obstacle that retards the ascending blood current, but the quality of the fluid blood is altered. In remarks made at the same meeting by Mr. Bradbury, attention was called to the importance of determining the presence or absence of high arterial tension.

Albuminuria coincident with high arterial tension was held to indicate, as a rule, commencing Bright's Disease.—*Med. Record, July 29.*

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### TANNIN IN ALBUMINURIA.

RIBBERT (*Lond. Med. Rec.*) having produced albuminuria in rabbits by ligature, injected a  $\frac{1}{2}$  per cent. solution of tannin into the jugular veins. The kidneys subsequently examined showed marked diminution in the amount of coagulated fibrin in the Malpighian capsules in comparison with other kidneys. In a similar experiment with a 2 per cent. sol. of tannate of soda, the albumen was completely absent in most of the glomeruli and in others present only in minute quantity. It would appear, then, that albuminuria of traumatic origin may be lessened or actually prevented by this agent and a distinct experimental support is given to Frerichs' use of it in nephritis. R. suggests that besides lessening the transudation of albumen it may perhaps also influence the epithelial desquamation about the glomeruli. It is most likely to succeed in commencing nephritis.—*Id. Med. Jour., July.*

## BASHAM'S MIXTURE IN ALBUMINURIA.

This old-fashioned formula still holds a prominent place in the treatment of renal disorders. Its composition is as follows:—Tr. ferri. chlor.  $\frac{3}{4}$  ss; acid acetic dil.  $\frac{3}{4}$  j; liq. amm. acet.  $\frac{3}{4}$  ivss; tr. aurant. cort.  $\frac{3}{4}$  iss; glycerinæ,  $\frac{3}{4}$  ss. M. Sig. A tablespoonful, largely diluted three times a day.—*Can. Lancet, June*.

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 IODOFORM IN DIABETES.

The last drug introduced into the treatment of diabetes mellitus is iodoform, which Prof. Moleschott, in a recent communication to the Academy of Medicine at Rome, states he has found to be very beneficial in five cases of that disease. The quantity of sugar excreted rapidly diminished in all the cases so treated. Small doses are sometimes productive of good results, but as much as forty or fifty centigrammes may be administered daily with impunity. The Professor employs cumarin—the odoriferous principle of the Tonquin bean—to overcome the unpleasant smell of iodoform. He prescribes—iodoform, 1.0; extract of lettuce, 1.0; cumarin, 0.1; to be made into twenty pills with powdered gum arabic, and to proceed from one pill twice to two pills four times in the twenty-four hours.—*Lancet*.—*Med. News, July 8*.

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 ABSORPTION BY THE BLADDER AND URETHRA.

Dr. MAAS and Dr. PINNER (*Deutsche Zeitschrift für Chir.*) after referring to the difference of opinion which exists on this subject, among those who have investigated it experimentally, arrived at the following conclusions:—First: The healthy human bladder absorbs iodine and pilocarpine, much more slowly than other absorbent surfaces. The constituents of the urine gain access to the circulation through the mucous membrane of the bladder, so slowly, and to such a slight extent, that no unpleasant results ensue. Second: The diseased bladder absorbs far more readily than a healthy one, and advantage should be taken of this fact in administration of medicines. Infectious matters are absorbed by the diseased mucous membrane of the bladder, and give rise to serious consequences. Third: The human urethra possesses considerable absorptive power, and seems to absorb as readily as when it is diseased.—*Chicago Med. Rev.*

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 PAROXYSMAL HÆMOGLOBINURIA.

Boas (*Centralb. f. d. Med. Wissen.*, No. 20, 1882,) reports a case of paroxysmal hæmoglobinuria, and deduces from its study, and of two other cases previously published, the following conclusions:

1. Paroxysmal hæmoglobinuria is a distinct disease, *sui generis*, and can be sharply defined from other forms of hæmoglobinuria.

2. The access of paroxysmal hæmoglobinuria is always attributable to the influence of cold, especially on exposed parts.

3. The intensity estimated by the coloration of the urine and the general symptoms, is directly proportional to the severity and duration of the chilling.

4. The spontaneous attack and those produced experimentally, are absolutely identical.

5. The fundamental change lies in the destruction of the red corpuscles with the passage of the hæmoglobin into the plasma; the general symptoms are only the consequence of this alteration.

6. This distinction is limited to the parts directly exposed to the action of the cold, though, of course, the products of disorganization are carried to all parts of the system.—*Gaz. Méd. de Paris, June 10, 1882*.—*Med. News, July 29*.

# SURGERY.

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## OPERATIONS, APPLIANCES, DRESSINGS, ETC.

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### BILLROTH ON PIROGOFF'S LAST ILLNESS.

In a recent number of the *Petersburger Medicinische Wochenschrift* appears a letter from Professor Billroth to Dr. Wywodzew, which is interesting not only on account of the celebrities involved, but also for technical reasons. Dr. Wywodzew had sent Billroth a section of the tumor on Pirogoff's upper jaw.

"More than two-thirds of the specimen sent," writes Billroth. "consists of small-celled, vascular, fibro-sarcomatous tissue; on one of the peripheries of the section there are nevertheless definite small-celled epithelial exuberances, and on one of the angles there is an exquisite particle of epithelioma, with epithelial pearls. The latter are apparently somewhat horny and of a peculiar light brown color: whether this color was the original one, or due to the Peru balsam which I advised Pirogoff to use, I am not able to decide.

"It is evident from this that my opinion as well as that of my Russian colleagues (as to diagnosis) was the correct one. When Pirogoff first consulted me in Vienna, I was under the impression that the trouble was a chronic inflammatory process in the alveolus of the last upper molar; this tooth afterward loosened and fell out. The chronic inflamed new growth began to proliferate, and gradually assumed, as I have often seen in old people, the character of an infiltrated sarcomatous epulis. In this stage of the disease I saw him. The slight swelling was free of epithelium; but the surfaces appeared to be in good granulating condition, rather compact, and showing no signs of breaking down. The epithelium in these spots was not entirely destroyed, but proliferated here and there, as was shown by the presence of some few scattered cicatrices. Subsequently, the epithelial exuberances took on a more proliferating, then destructive, character, and there resulted the partial formation of a true epithelial cancer. I would liken the occurrence of cancer formation to that of lupus and other chronic ulcers. The swelling of the lymphatics behind the angle of the inferior maxilla was certainly due to cancerous infiltration.

"Interesting and instructive as the results of the microscopic examination are in such cases, and the ætiology of the development anatomically so well illustrated, the diagnosis of cancer in this case would not have influenced me to an operation. A man over seventy, of active mental habits, yet showing all the signs of bodily marasmus, with a cataract in each eye, etc., has no possible chance of withstanding an operation such as I would have been compelled to make, even in order to prevent a recurrence for a very short period of time. Yes, I admit to you, were such patient even of more powerful physique, and twenty years younger than Pirogoff was, I would still not have operated on him; my experience of thirty years as a surgeon has taught me that those sarcomata and carcinomata, which originate way back on the upper jaw, can never be radically removed by operative interference, when one operates so as to provide for the probability of the patient surviving the operation. One is so disturbed in this region partly by technicalities, part



anatomically that a true and total extirpation cannot be made—save in those isolated cases, when one has to do with an encapsulated tumor. I am no longer the bold, unterrified operator, as you knew me in Zurich; I always put this question to myself, 'Wouldst thou have this done, wert thou the patient?' In the course of years, to a certain extent, one becomes resigned. Every year that Fate allows me to live, I become more affected by the failures of our art. I would certainly have blamed the surgeon who attempted an operation on Pirogoff since I knew for myself I could not possibly obtain a favorable result. So I endeavored cheerfully to overcome his mental depression and to advise patience, in order to deceive him as to the importance of his disease. That is all we are able to do in such cases.

"It is very natural that the non-coincidence of my views with those of my distinguished Russian colleagues should be remarked upon, yet I have acted in accordance with what my experience has taught me to be my duty."—*Boston Med. and Surg. Jour.*, June 15.

### BLOODLESS OPERATIONS.

Dr. JULIUS WOLFF, of Berlin, in a recent communication on the arrest of hemorrhage during and after surgical operations (*Langenbeck's Archiv*. Band xxvii., Heft 2), points out that most of the anticipated dangers of Esmarch's method do not exist. No instances have yet been recorded of such results from its application as plethora of internal organs, cerebral apoplexy, local inflammation, thrombosis, or gangrene. When persistent paralysis is met with as a result of constriction of a large nerve, it is usually found that the elastic band or ligature is composed of unsuitable material, or that it has been improperly applied. The danger, in cases of suppuration or sloughing, of putrid fluid, or unhealthy and softened tissue being driven into the circulatory system of the healthy structures, may be prevented by dispensing with the use of the elastic ligature, and by elevating the limb for a few minutes before applying the ligature. The most serious disadvantage attending Esmarch's method of constriction is the profuse parenchymatous bleeding, through temporary paralysis of the walls of the small vessels, which follows the removal of the constricting agent. Dr. Wolff describes the different attempts that have been made to prevent or guard against this result. In 1878, he proved that, during such operations on a limb as the removal of a sequestrum or the excision of a tumor, much blood would be saved by elevating this limb during the operation, and by its previous cooling through contact with moderately cooled air or water. He found that, by elevating the closed hand for a short time, he was able to lower its temperature by several degrees; and he stated that recent wounds, which, during elevation of the limb, remained almost quite dry, became at once flooded with blood after the limb had been laid in the horizontal position. After exposure of the upper extremity to air at a temperature of 42° Fahr., or water at 48° Fahr., such contraction of the small vessels results, it is stated, that, even when the arm is allowed to hang down, the thermometer grasped in the hand will not rise higher than 70° Fahr., and the hand and forearm will remain pale and cold. In operations on limbs, including major amputations, Esmarch, after tying all large and visible arteries, applies a firm and constricting dressing, and then removes the ligature. König, after the large vessels have been secured, removes the ligature, elevates the limb, and then looks for the bleeding vessels before finally covering the wound or stump. Dr. Wolff advocates the plan of covering the extremity of the stump by firmly bandaged antiseptic dressings, after removal of the constricting ligature, and before the application of the sutures, and of retaining these dressings, with the limb elevated, for a period of fifteen or twenty minutes, and until the stage of vaso-motor paralysis has ceased. The end of the stump is then again exposed, and, after deligation of any vessels that may still bleed, the wound is drained, closed by sutures, and then dressed. Three cases of amputation in the thigh are recorded in which this method was practised with success. The author recognizes the objection on the score of too much delay in the operation, and

of the necessity of keeping the patient under the influence of the anæsthetic for at least a quarter of an hour after the removal of a limb. It is pointed out, however, that very often after the removal of the constricting band in amputation, much time is taken up in looking for and securing a number of small but freely bleeding vessels.—*Lond. Med. Rec.—Med. News*, July 8.

#### CAUTION IN ESMARCHING.

Gangrene having resulted in certain cases of aneurism where Esmarch's bandage was used, well conducted inquiry leads to the belief that the occurrence is due not so much to the sudden arrest of the circulation through the limb as to the blocking up of the capillaries and the consequent interference with the collateral circulation upon which the subsequent vitality of the limb will depend. If this explanation be correct, and it clearly seems so, the accident may easily be avoided in future by the exercise of greater caution, both as to the period during which the bandage is applied and the cases selected for its use. Bryant thinks it should be kept on in no case longer than two hours, and in most one hour is sufficient. Pressure upon the afferent vessel should be instituted after the removal of the bandage. The treatment should not be applied when there is any obstruction to the venous circulation. The increased blood pressure in other arteries of the body may cause aneurisms situated elsewhere to burst, or fatal collapse may result from increased arterial pressure upon a fatty heart; hence where such conditions are known to exist the treatment is not to be pursued.—*Nashville Jour. Med. and Surg.*, June.

#### SANITARY CONDITIONS IN RELATION TO THE TREATMENT OF WOUNDS.

Dr. CABELL, at the last meeting of the American Surgical Association, submitted the following propositions:

*First.*—Statistics show lessened mortality of late years in certain capital operations, especially those involving abdominal section. This is due in part to improved methods, but very largely to strict antiseptic precautions. The mortality in amputations and joint operations has not diminished in equal ratio.

*Second.*—The continued high rate of mortality from amputations in cities stands in contrast to the decreased general mortality and shows that the sanitary improvement of hospitals is behind-hand.

*Third.*—The question is asked: Is twenty-two per cent. of mortality for all amputations above the wrist and ankle the best that can be expected? The various influences which oppose the repair of wounds must be studied for an answer.

*Fourth.*—The prime factor in the repair of wounds is healthy blood, and this should be considered.

*Fifth.*—Results depend upon constitutional peculiarities, and upon hygienic surroundings, before, during, and after operation. These must also be considered.

*Sixth.*—Shock, a most common cause of death after primary amputations, owes its malignant potency to the fact that the system has not fully recovered from the previous injury. The desideratum is to prolong the primary or apyretic period. This may be done by Dr. Stephen Smith's method of carbolicizing the wounds.

*Seventh.*—Septic complications have heretofore been the most common cause of mortality.

*Eighth.*—Much may be done to prevent sepsis by careful attention to all details.

*Ninth.*—Large hospitals, even those on the block system and of several stories, are not necessarily subject to septic diseases, and the mortality here may be kept as low as in cottage hospitals or rural districts.

*Tenth.*—After observing every other sanitary precaution there is good reason to believe that an additional protection of great value may be derived from antiseptic precautions practised in conformity with the Listerian principle.

*Eleventh.*—"Listerism," practiced *de rigueur*, while not so essential in cases of amputation, has achieved results in operations upon joints and in "abscesses from congestion" which have not been paralleled by any other system of treatment.

*Twelfth.*—The preponderance of evidence is in favor of its utility in ovariectomy and abdominal sections generally.—*Med. Record*, July 29.

### COAT-SLEEVE METHOD OF AMPUTATION.

At a meeting of the Medical Society of London, held April 3, Mr. Richard Davy read a paper on the Coat-sleeve Method of Amputation, which he stated consisted in making a circular integumental flap from three to five inches long. After tying or twisting the bleeding vessels, the sleeve of skin is tied up by passing two ends of a tape through a cylinder, and fixing them with a safety pin. Mr. Davy had practiced the operation three times, and one of the patients was shown. He laid stress on the fact that only skin, fat, and fascia were of use in making a good pad for the end of a stump. He considered that the advantages of this method were—(1) The conservation of an abundance of skin, fat, and areolar tissue, which are utilized, so that the scar is reduced to a minimum and the cushions to a maximum. (2) The total abolition of sutures, which are generally painful on removal. Sutures as previously applied in a circular amputation necessitated a linear cicatrix on the face of the stump. (3) The facility for restraining and escaping secondary hæmorrhage. (4) Freedom from pain, exclusion of air, and easy application of drainage. (5) The symmetrical appearance and utility of the stump.—*Lancet*.—*Med. News*.

### CHOICE OF DRAINAGE TUBES.

M. NICAISE (*Revue de Chirurgie*) points out the importance of using non-irritant India-rubber drainage-tubes in the dressing of wounds. He gives the following directions:

The tube should be short and wide, and should not be in contact either with the bone or ligature of the chief artery.

Tubes are grey, black, or red. They should be made from laminæ of pure caoutchouc cut with the saw, vulcanized, and desulphurized. Good tubes may be recognized by: (1) the transverse markings left by the saw; (2) their lightness; they should float on water; (3) their strength; they should bear being tripled in length without breaking.

Bad tubes are made from sheets of paste made up with shreds of caoutchouc, zinc white, minium, etc. If grey they remain so after being dipped in an alkaline solution. Grey tubes have not been freed from sulphur, and this separates and irritates the wound: they should be avoided. Red tubes which have been desulphurized by soaking three hours in a hot ten per cent. solution of carbonate of soda may be safely used. Black tubes answering to the above tests are the best of all.—*The Practitioner*—*Cin. Lan. and Clin.*, July 29.

### MORPHIA HYPODERMICALLY AS AN ADJUVANT TO CHLOROFORM.

Dr. ANDREW S. CURRIE, in the *Lancet*, calls attention to a paper on this subject in the *Practitioner*, by Dr. Alexander Crombie, which he considers has not received enough attention. Dr. Crombie states that in 600 cases, in only one was there any evidence of asphyxia, and in that instance the usual

precautions had been neglected. The method employed is very simple, and consists in the hypodermic injection of morphia immediately after beginning the administration of chloroform. I have recently employed a modification of this plan with the greatest comfort to the patient and to myself. About ten minutes before administering the chloroform I inject a full dose of the liq. morphiæ hypod. (B. P.). The chloroform is freely sprinkled on a piece of lint folded twice, and one dose is, as a rule, sufficient to induce complete anæsthesia.

Dr. Currie says that having, a day or two ago, to open a large abscess of the thigh, in the case of a lady who has been an invalid for the last ten or twelve months, I induced anæsthesia easily and rapidly in this way. The patient, who has repeatedly had chloroform administered for confinement, tooth extraction, etc., assured me that she had never before taken it with such a total absence of all feeling of discomfort. There was no sensation of suffocation and no trouble with after-sickness, which had on previous occasions proved troublesome.—*Med. and Surg. Rep.*, July 22.

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#### SAFEST ANÆSTHETIC KNOWN.

Dr. RICHARDSON says that Methyline bichloride, ten fluid drachms, and absolute methylic alcohol, six fluid drachms, constitute the safest known anæsthetic when the methylic alcohol is absolutely pure.—*Lancet*.—*Cin. Lan. and Clin.*, June 17.

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#### PERMANENT BATHS IN CERTAIN SURGICAL DISEASES.

At the Eleventh Congress of the German Surgical Society, held in Berlin, May 31 and June 1 and 2, 1882, Professor Langenbeck, President, Sonnenburg, of Berlin, read a paper upon the use of permanent baths in the treatment of surgical diseases.

This method of treatment had been in use for about a year in the Surgical Department of the Royal University Hospital as well as in the Jewish Hospital. An apparatus is made by which the affected part is kept constantly in warm water of a steady temperature. The water continually flows off and is renewed. The advantages are: pain disappears entirely, the fever falls, the wound secretions are lessened and carried away, the duration of healing is shortened; complications do not occur. The method is applicable to a wide range of cases, but especially when there are large cavities or surfaces, as in the neighborhood of the pelvis, in operations about the rectum, uterus, bladder, and peritoneal cavity. It is particularly useful in cases of profuse suppuration, chronic caries, in lithotomy, and in resections, fistulæ from joint diseases, etc.

In the discussion Hagedorn, of Magdeburg, said that he had used permanent baths for twenty years in all lithotomies, and with good results. He also had used them in extensive burns and phlegmons. A temperature below 30° R. soon becomes unpleasant to the patient.

Schede had used the permanent baths for six years quite extensively, but he reserved them rather for chronic cases. Thus a woman seventy years old had a compound fracture of the leg. She speedily developed bed-sores, and would undoubtedly have died but for the baths. She was kept in a bath for ten months, when she was cured. The permanent bath is a form of antiseptic treatment often useful when other means fail or cannot be applied.

Sonnenburg said that the temperature of the water may be varied. Some patients preferred it cooler than others. The age of the patient was no contra-indication; the duration could also be very long.

Bardeleben referred to Weber's use of salt in the water, in order to diminish the activity of the granulating process. He had himself added thymol (1 to 1,000) to secure an antiseptic effect.—*Med. Record*, July 22.

### ANTISEPTIC POWDER FOR WOUNDS.

MM. BRUNS and KERSCH give the following in the *Union Pharmaceutique*:

Powdered resin, 60 parts; stearic acid, 15 parts.

Melt at a gentle heat, and add when nearly cool twenty-five parts of crystallized carbolic acid, thoroughly incorporating the ingredients. When quite cold, powder and mix with seven hundred parts of precipitated chalk. The powder is to be sprinkled on the wound from a box provided with a perforated cap and a cover to keep the contents from the air.—*Druggists' Circular*.

### HOT WATER IN SURGICAL PRACTICE.

Dr. J. E. WEIST read a paper on this subject before the Indiana State Med. Soc., from which we abstract:—

It is to the value of hot water as a hemostatic agent, that I wish to direct chief attention, especially to its power, when the bleeding is from small vessels, or of the character denominated capillary oozing—a fact, I believe, first brought prominently before the profession by Dr. Emmet, in his *Principles and Practice of Gynecology*, and he gives Dr. Pitcher, of Detroit, credit for first calling his attention to the matter. He says that while operating, in 1859, to close a vesico-vaginal fistula where free incisions were necessary, "the progress of the operation had been greatly delayed in consequence of oozing of blood." This could be temporarily checked by pressure and ice, but in a few moments reaction would take place and the bleeding be as great as before. Dr. Pitcher being present, suggested a sponge probang be dipped into hot water and applied several times to the bleeding surface. This was done and the bleeding was promptly arrested. This led Dr. E. to the frequent use of vaginal injections of hot water in various uterine and pelvic disorders associated with capillary congestion. Surgeons seem to have failed to appreciate the hint thus given, as no surgical work with which I am acquainted gives any prominence to the hemostatic properties of hot water.

In ovariectomy, after the separation of extensive adhesions, there is frequently a very annoying oozing of blood that must be arrested before closure of the abdominal cavity if septicemia and the subsequent death of the patient is to be prevented. In such cases the repeated application of sponges dipped in hot water will generally promptly arrest the bleeding, succeeding even in cases in which the solution of the persulphate of iron has failed.

In cases of hemorrhage, after removal of uterine fibroids, and for the arrest of hemorrhage following abortion, the injection of the hot water into the uterus succeeds in cases which would otherwise require the use of the tampon.

Over the oozing from stumps after amputations, after removal of tumors, the superior maxillary bone, excision of the mammary gland, and various other operations, hot water has in my experience exercised a most important influence.

A very great advantage that hot water has over most other agents employed to arrest the kind of hemorrhage under consideration, is that it does not interfere with the subsequent healing process; it is possible that it promotes it.

Cold water and ice, even, is much less efficient in checking hemorrhage than hot water. The immediate effect of cold is to contract the bleeding vessels, but this contraction is very soon followed by the opposite condition, dilatation: one that continues for a considerable period, and one that favors further hemorrhage. Besides, it is a fact well established that prolonged cold lowers the reparative power of tissues.

The immediate effect of heat is to dilate the vessels, but afterward it contracts them. Dr. Pitcher's explanation of the manner in which hot water arrests hemorrhage is that the clot formed in the mouth of the dilated vessel, was held so firmly in position by the subsequent contraction as to prevent its being readily dislodged.

In hemorrhage from the nose, the injection of hot water has in my hands proved very effective, and I am persuaded that in pulmonary hemorrhage the inhalation of hot water in the form of steam would prove to be a valuable agent for its arrest.

The value of hot water in hemorrhage and inflammation depending on its power to contract the smaller blood-vessels, and thus lessen the flow of blood to and the quantity in a part, involves some interesting physiological questions. Capillary vessels possess no muscular elements and can be subject to no active change of caliber. The changes in diameter that do take place in them are passive, and by virtue of their elasticity; and all the important changes therefore effected in a given part by hot water must be through vessels—arteries—larger than capillaries, whose walls contain muscular elements which are excited to action by nerve stimulation. This may probably be accomplished in two ways. Foster says (*Text-book of Physiology*, p. 170), "The change in any given vascular area may be brought about by stimuli applied to the spot itself and acting either directly on the local mechanism (vasomotor) or indirectly by reflex action through the general vasomotor center." These physiological questions, however, I am not competent to discuss, and I leave the subject with the remark that whatever may be the mechanism through which the effect is accomplished, it is certainly important to know that in hot water we have a simple, cheap, and effective means for attaining important ends in surgical practice.—*Amer. Prac.*, July.

#### SURGICAL EXPEDIENTS IN EMERGENCIES.

In a paper read before the last meeting of the Pennsylvania State Medical Society, Dr. R. J. Levis presented some original resources in the absence of ordinary means and appliances.

The relief of an over-distended bladder he had effected by doubling a piece of common iron bell wire, and the blunt doubled end passed through the urethral tract, distending it and allowing the urine to pass between the wires.

A common rye straw, with its end wrapped with either thread or yarn, or tipped with sealing wax, or the stem of a common clay tobacco pipe, are efficient substitutes for the female catheter.

Venesection can be made easy and certain, with even a dull and blunt pocket knife, by first transfixing the vein with a fine sewing needle.

A number of ready and ingenious resources are given for the arrest of epistaxis and hemorrhage in general. A good tenaculum is extemporized from a fish-hook tied to a pen-holder. A flannel bandage, cut bias, is sufficiently elastic to substitute the Esmarch bandage.

Expedients for ready fracture dressings are given one of the best of which is the material of common palm leaf fans, split into fragments and bandaged around the limb. For a ready fixed dressing the ordinary sand-paper, softened in warm water, is recommended, the paper, sand and glue giving, when dry, the requisite stiffness and body to the splint.

Postural methods of treating fractures, as those in the vicinity of the joints, are referred to, and that of the clavicle by a brief recumbent position.

To open the mastoid cells in cases of abscess urgently threatening cerebral complication, he has effectually used a carpenter's gimlet.

Rectal injection by a hydrostatic column, with a long tube, is referred to; and also the distention of the lower bowels, in cases of invagination and impaction, by carbonic acid gas and water from the ordinary mineral water bottle, or the syphon attached to a rectal tube.

Stramonium is recommended for ready use in iritis and traumatic injuries of the eye when atropia is absent.

For simple, cheap and effective antiseptics, sulphurous acid, alcohol, whisky, and the salts of iron, copper and zinc, may well substitute carbolic acid.—*Med. Summary*.

### THE SURGEON AND THE PIANIST.

An operation of unusual character was a short time since successfully performed by Dr. Wm. S. Forbes, Demonstrator of Anatomy in the Jefferson Medical College. The tendons of the hand are so arranged as to render the third or ring-finger less capable of being extended than the neighboring fingers on either side; and, on that account, this finger, in its action in piano-playing, is made a little awkward. The accessory slips of the extensor tendon of this ring-finger going off to the two adjoining fingers are the remains of what are very important tendons in some of the lower animals. In man they are entirely rudimentary, and appear to have no practical use. When, in performing upon the piano, it is desired to hold down the middle and little fingers and to raise the ring-finger, these accessory slips act as checks in extending the ring-finger. Dr. Forbes cut these two *accessory* tendons (one going off on each side, from the main tendon to the neighboring fingers), in the hand of a devotee of music, thereby permitting the extension of the ring-finger, giving additional liberty of movement to the extent of allowing the finger to describe the arc of a circle one inch and a half greater than before the operation. The improvement is not only evident in the increased range of movement, but more especially in the ease with which extension is accomplished.

The force and power of the finger are not in the least impaired, for the main tendon is not touched. The operation was performed subcutaneously, and was a complete success.—*College and Clin. Record.*

### GUNSHOT WOUNDS OF THE VERTEBRÆ.

These wounds are believed by the great majority, even of the well-informed profession, to be necessarily fatal. Such opinions have been so frequently expressed by physicians of prominence in medical and also in secular periodicals, in connection with the Garfield case, that every paper teaching a different and a truer lesson is to be appreciated.

In the thirty-two cases given in the History of the Crimean War, four recovered. In one hundred and ninety-one cases occurring in the French service thirteen recovered. In one hundred and eighty-seven cases reported by Confederate Surgeons, seven recovered. In one hundred and forty-nine Lumbar-vertebral cases reported in the "History of the Rebellion," fifty-one were discharged, and twenty-eight returned to duty; a mortality not absolute, but of 45.5 per cent. In sixteen reported cases of removal of the ball, only five died and seven recovered.

When such facts are considered, the report in the cure of this number becomes, in comparison, less astonishing, but the facts entire serve to increase the surprise which the unfortunate statements made in regard to Mr. Garfield's "inevitable death" have so extensively and injuriously created.

Gunshot wounds of the lumbar vertebræ are of course very serious, but when in 149 cases 79 have recovered, and when in sixteen cases of operation, 7 have recovered, the late teachings on this subject are very far indeed from the truth. They are not only unjust, but libellous to surgery.—*Amer. Med. Weekly.*—*Can. Lancet, June.*

### EPITHELIOMA.—SURGICAL TREATMENT.

Before the London Clinical Society, May 12, Joseph Lister, D.C.L., F.R.S., F.R.C.S., President, in the chair, Mr. Pearce Gould showed a man, aged seventy-three, on whom he had performed a new operation for amputation of the penis. The disease for which this was done was epithelioma, extending back to the pubes. The scrotum was split along the raphe, the urethra detached from the penis and fixed to the perineum just behind the scrotum, and the

crura of the corpora cavernosa were then peeled off from the pubic arch, and the whole organ thus removed. The man had complete power over his urine.

Mr. T. Holmes related his case, which was that of a young man suffering from an ulcer of the leg, which presented decided appearances of epithelioma, both to the eye and the microscope. It was of very large size, almost isolating the tendo Achillis, and accompanied with considerable enlargement of the inguinal glands. These symptoms would undoubtedly have been held, in former times, to indicate amputation. The total removal of the epitheliomatous tissue, followed by the free application of the actual cautery, was sufficient to induce sound cicatrization, and the enlarged glands subsided entirely. This is a fresh proof of the feeble malignancy of epithelioma.

Mr. Dent had been struck by the favorable results obtained in these cases. In a case recently under his care, of flat epithelial cancer, of six years' growth, this was scraped and cauterized with good results, though the growth extended down to the bone. In another case a woman had an epithelioma-like ulcer of the leg, alveolar and pigmented. The constitution also seemed affected. This would not be a suitable case for operation.

Mr. T. Smith said that all surgeons must have been struck with the varying malignancy of ulcers. Epithelioma in a subject of twenty must be very rare—he had never seen a case. At such an age it could hardly be very malignant.

Dr. Wiltshire remarked that even though epithelioma rapidly spread when it attacked the vagina, one scraping often sufficed to relieve pain and hemorrhage, though an offensive fluid continued to flow. In two of his cases the patients did well for some months, but after that time grew worse—one had died, and the other growing rapidly worse. In a case where Paul Mundé operated for him the whole uterus came away; the woman lived eight months, but died at last from uremic coma. A patient who had been scraped and cauterized four and a half years ago was still well.

Mr. R. W. Parker was struck by the fact that the tendo Achillis was entire in Mr. Holmes's case, as cancers tend to eat into any tissue.

The President mentioned the case of a patient who frequently came to Simon, at Heidelberg, for relief for an epitheliomatous ulcer in the rectum. He thought the spoon should only be used where the knife could not. However carefully removed, epitheliomata did recur. In a case of his own he had removed an epithelioma of the cheek, making a wide cut, but the growth returned. He was not sure of the epitheliomatous nature of Mr. Holmes's case.

Mr. Holmes, in reply, said that he suspected that many growths originally local tended to become epitheliomatous and constitutional in type. His case certainly corresponded to the ordinary descriptions of epithelioma, and he would urge that such cases, if early treated, might result in the extirpation of a disease rapidly becoming malignant.—*Louv. Med. News*, July 1.

## CARCINOMA OF THE MALE BREAST.

Clinic of Prof. Bateas, at University of Nashville.

This man, æt 45, is the subject of a disease of the mammary gland. This organ is rudimentary in the male, yet it is liable to the same diseases that attack the female breast; as a rule affections of the male mamma are benign in character, taking the form of simple hypertrophy, neuralgia or abscess. It may, however, be the seat of malignant disease, carcinoma being the most common type; when present they pursue the same course and manifest the same tendency here as in the female, generally the phenomena attending their growth early distinguishes their character.

Let me direct your attention to an examination of this case before you. We have the following history: Some eight months since this man noticed a small circumscribed nodule, just under the left nipple, it slowly increased in size, the breast contracting, the nipple retracted; for the last few months he



has suffered with a sharp lancinating pain radiating from that locality, for the relief of which pain he came to the clinic, unconscious of the fact he was afflicted with a disease, which if left to pursue its course, would surely terminate fatally, in perhaps less time than a year. From the symptoms and external character of the breast, we pronounce this a carcinoma and as such demanding immediate surgical interference. The term *carcinoma* is synonymous with *cancer* and may be defined as an "atypical epithelial formation," characterized by a tendency to infect adjacent lymphatic glands and through these general constitutional dissemination. The treatment of carcinomata with me is eminently surgical; and in order that it may be successful an early and thorough extirpation of the growth together with all adjacent lymphatics and structures evidencing infection. I do not mean to imply, a cure is assured by resorting to the knife, it is certainly a palliative measure and often times though not in the majority of cases, followed by complete cure. After operations in those cases where the disease is local the tumor small and circumscribed and there is no hereditary taint, the prospect of cure is good, the period of immunity is at least prolonged many years. The great majority of relapses occur during the first twelve months following removal, after that period the liability to recur is greatly lessened. The disease returns either in the neighborhood of the cicatrix or in the axillary or cervical glands. It may however attack some internal structures.

Re-excision should be practiced so long as the disease continues to appear at or near its original site, and there is no infection of the general system.

In the majority of cases an elliptical incision embracing the entire gland is called for, an operation less sacrificing is generally incomplete and an early return of the disease may be expected.—*Nashville Jour. M. & S., June.*

### FRACTURES OF THE BODIES OF THE VERTEBRÆ.

Dr. E. H. BENNETT, at the Dublin Pathological Society (*British Medical Journal*, April 29, 1882), showed three fractures of the bodies of the vertebræ which were exceptional in involving the spinal cord, and, in fact, that in all three there was bony union. They were examples of the "fracture par ecrasement" of Malgaigne. In one case the fourth, and in another the first lumbar vertebra was fractured. In both instances the body was cleft in the centre, the anterior fragment being depressed downward; a small piece was thrust back into the spinal canal. In the third case a fracture detached the odontoid process downward and forward. These cases certainly show that a certain number of individuals recover after an injury that has been of late claimed to be fatal, especially in a well-known case.—*Chicago M. Rev., June 1.*

### FRACTURED RIB FROM MUSCULAR ACTION.

M. DESPRÈS relates (*Gaz. des Hôp.*) one of these rare cases in a lady fifty-three years old, and in good health, except for a temporary attack of chronic bronchitis with a paroxysmal cough. During a fit of coughing she fractured the eleventh rib of the left side, four fingers' breadth from the junction with its cartilage. Malgaigne's diachylon plaster was applied, and in eighteen days consolidation was quite complete, so that the patient could lie easily on the injured side.

In the *Union Médicale*, of April 29th, M. Doit, of the Vincennes Convalescent Asylum, relates the case of a tailor, aged fifty-nine, who while about to sew was seized with cough, during which his sixth rib on the left side was broken at its anterior third. There was much greater mobility of the fragments in this case: and reparation was much slower than in the other.—*Med. Times and Gaz.—Louv. Med. News, June 10.*

### DISLOCATED CERVICAL VERTEBRÆ.

Reduction of a dislocated third cervical vertebra of four months standing is reported by L. C. Gray (*Annals of Anatomy and Surgery*). The patient, who was a boy fifteen years old, had produced the dislocation in attempting to turn a somersault. The bone projected backward and the spine was rotated to the right.

There was hemi-paresis on the left side, and the patient could only swallow liquids in small quantities. The patient was etherized; counter-extension was made by sheets over the shoulders, and the head was firmly extended and rotated to the left. This was repeated three times, when the dislocation was reduced. The patient recovered rapidly.—*Med. Chronicle*, Aug.

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### PERIOSTEAL EXCISION OF THE WRIST.

At a recent meeting of the Academie des Sciences, M. Ollier, of Lyons, stated that, thanks to the combined advantages of Lister's and the subperiosteal methods, preservation of the hand may now be safely secured in caries of the wrist through ablation of the carpal bones and resection of the radiocarpal joint. Notwithstanding the numerous bones in the carpus, its many articulations, and the limited surfaces of the bones covered by periosteum, the surgeon may still preserve a periosteal-capsular sheath, that will be converted into a new fibrous tissue, which, in the event of the new bone formation failing, will assure union between the bone of the metacarpus and those of the forearm, and prevent the ordinary results of this operation, viz., flaccidity of articulation and displacement or rigidity of tendons, which have been the main obstacles in re-establishing the functions of the hands and fingers.—*Courrier Méd.*—*Med. Record*, July 29.

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### OLD DISLOCATIONS OF THE SHOULDER-JOINT.—SUBCUTANEOUS SECTION OF ADHESIONS.

The fibrous adhesences which form around the displaced head of the humerus are the great obstacle to be overcome in reducing the luxation. After six months for sub-coracoid luxations, and four months for the intra-coracoid, they are generally so firm as to render reduction impossible. Fracture of the neck of the humerus has already been proposed by Després for these irreducible luxations. M. Polaillon advocates the subcutaneous division of the fibrous bands, and has been able by this means to reduce a luxation of four months' standing, and recommends that whenever an extending weight of 200 or 300 pounds is unable to displace the head of the bone, the adhesences should be divided, antiseptic precautions being taken, after etherizing the subject.—*Revue de Chir.*—*Indp't Pract.*, July.

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### ATHETOSIS RELIEVED BY NERVE-STRETCHING.

Nerve-stretching Dr. G. M. Hammond said, in introducing the subject, was, as a rule, very unsatisfactory in cases where there was any organic lesion, and athetosis came under this class. Before the present instance the operation had been only once performed in athetosis, and that was by Dr. William J. Morton, in the department for nervous diseases at the Metropolitan Throat Hospital, New York. Up to the time of operation, he said, the movements continued uninterruptedly day and night, and thus interfered with sleep and impaired the general health of the patient. He was also subject to epileptiform attacks, six or seven of which occurred during each week. The operation was performed five weeks before, in May, 1882. The median nerve

was cut down upon below the elbow, and gentle traction was made upon it both in an upward and downward direction. It was found to be very elastic, but was not stretched more than half an inch. No stretching of the ulnar nerve was undertaken, as he wished to observe first the effect produced by that of the median. As soon as the patient recovered from the anæsthetic he could keep his fingers still, and from that time on had steadily improved. The epilepsy had also greatly improved, as there had been only two attacks since the operation, and they were of a much less severe character than those before it. The result in this case was certainly remarkable, as the researches in all the cases of athetosis yet recorded indicated that the disease was dependent upon degenerative changes in the corpus striatum. How, then, was the effect of the nerve-stretching to be explained? There were only two ways in which it could act. One was to render the nerve incapable of transmitting the athetosis influence from the brain centre, and the other to make such an impression on the brain centre as to cause it to cease giving rise to such influences. The latter explanation he thought the more probable, since the movements in the leg had also ceased, and since the epileptic attacks had been so greatly modified in addition. The patient was now exhibited, and it was found that he could hold his hand perfectly quiet, although if his attention was not directed to the matter there were occasionally some slight movements in the fingers, which seemed to be due more to the force of habit than anything else. He said that after the operation was the first time for twenty years that he had been able to keep his hand still.—*Boston M. & S. Jour.*, July 6.

#### TUBERCULOUS SYNOVITIS OF TENDINOUS SHEATHS.

Although tuberculosis has been found in nearly every part of the human body, it does not seem that there has been any distinct proof offered of its presence in the sheaths of tendons. M. Janin, in the service of M. Trélat, at the Hôpital Neckar, now publishes a case which he thinks has the histological evidence that is necessary to establish the fact satisfactorily. A female, nineteen years of age, of strumous habit, and constant tendency to colds, entered the hospital in December last. She was found to have inflammation of the flexor tendon sheaths of the right middle finger, the tumor, eight to nine centimeters long, extending under the palmar arch. It was removed in its totality by M. Trélat. A microscopic examination by M. Latteaux showed that it contained nodules, cheesy foci, and giant cells, which were thought to substantiate the diagnosis of tuberculosis, since the author holds that these histological findings are proof conclusive of the constitutional disease.—*Prog. Méd.—Med. Record*, July 29.

#### TENOSYNOVITIS.

Dr. WM. B. HOPKINS read a paper on this subject before the College Physicians, Philadelphia:—

Tenosynovitis may be defined as an affection usually occurring in the forearm, and characterized by a peculiar creaking of the tendons as they move in their sheaths, depending upon a particular kind of strain to which the muscles belonging to these tendons have been subjected.

The means of determining the exact lesion in this disease are necessarily to a certain extent conjectural, but as the pain and crepitation are coincident in their onset and subsidence, as there is no impairment of motion after recovery has occurred, and as the parts under treatment regain their normal condition in a very short time, it seems highly probable that there is no true inflammatory process at all, certainly none extending beyond the stage of congestion, and that the creaking which exists is due to insufficient lubrication, with consequent dryness, not, as has been supposed, to exudation of lymph. Under rest and counter-irritation the congestion very soon disappears, the synovial surfaces pour out their proper fluid, and the tendons once more move smoothly and noiselessly in their sheaths.

*Symptoms.*—Soreness, amounting to positive pain upon motion or pressure along the course of the affected tendons, inability to use the part, and the presence of the peculiar creaking, which is communicated to the finger on palpitation, are the symptoms which denote the existence of tenosynovitis.

*Diagnosis.*—From its common seat upon the dorsum of the forearm, this affection may be mistaken for fracture of the radius. The history of the case, however, showing that there has been no blow or fall, as a rule; the quality of the crepitus, which is much softer and finer than that of fracture, and like that of cellular emphysema after fracture of the ribs, or that produced by rubbing two pieces of cloth between the fingers, and the way in which the crepitation may be elicited,—all leave little chance of error. The disease will not be mistaken for a strain of the muscle, if a careful physical examination is made.

*Treatment.*—From what has been already said, it will be seen that the disease is at once acute, painful, and disabling. It, however, yields, as a rule, readily to treatment; for the patient can seldom work more than a day after he is attacked, and finding that he exhausts the usual home embrocations, without relief, promptly seeks aid elsewhere; this enables the surgeon to institute treatment before an advanced stage is reached and permanent mischief done by a deposition of plastic matter. Absolute rest of all the parts concerned is the most important element in the treatment: a palmar splint, therefore, from the elbow to the tips of the fingers is applied, when the forearm is the part affected. Counter-irritation is next indicated, and may be employed in one of two ways. If the skin is red, a band one inch broad of tincture of iodine should be painted in an oval form around the area over which creaking is felt; while a lotion of lead water and laudanum is applied within this band. In cases where there is but slight creaking, and no redness of the skin, tincture of iodine may be painted directly over the diseased part, without the employment of any lotion. The dressing is re-applied each day, until all pain, tenderness, and creaking have disappeared, which generally occurs at the end of four or five days. After this a roller bandage alone is continued, until the parts have regained their tone.—*Boston M. & S. Jour.*, July 27.

#### DRY GANGRENE FROM LOCAL APPLICATION OF CARBOLIC ACID.

J. B. GARRISON, M. D., Garretson's Landing, Ark., writes:—

About the middle of February last, Miss A., daughter of Dr. W. J. Childress, of Williamette, Ark., consulted her father as to an onychia in process of development on her right index finger. She was directed simply to "apply carbolic acid," but instead of applying a few drops to the affected part, she wrapped the entire finger as far as the second joint with several folds of linen and poured on it to saturation pure carbolic acid, liquified, and allowed it to remain in *statu quo* all night. Next morning the bandage was removed, and on the third day after the occurrence when I first saw it, the finger as far as the second joint was as black as jet, cold, perfectly anæsthetic, wrinkled and shrivelled, with sulci apparently clinging to the bone; hard as wood; in a word, actually mummified, with a line of demarcation entirely around the finger, indicating a complete separation of the dead from the living tissue. Although there seemed no possibility of saving the finger, as it had actually lost every vestige of vitality, yet I directed a small rubber band to be tied around the finger near the metacarpo-phalangeal articulation, sufficiently tight to obstruct the reflux of venous blood without repressing the arterial supply. This was applied for five or ten minutes every hour and kept up continuously for more than two months. The tissues of the finger gradually yielded to the mechanical pressure of the blood, and the digit resumed its shape and functions, except that it was entirely denuded of integument. The old skin was allowed to remain as a protective, and warm, moist poultices with oil and glycerine were constantly applied to soften the tissues. The fortunate result in this is an additional argument in favor of the principle of conservatism in surgery which should obtain in all similar cases.—*Western Med. Rep.*, June.

## ABSCESS OF ANTRUM.

Dr. C. E. NELSON, of New York, writes:—In bringing the following case before the readers of the *Record*, I wish to draw attention to two points: First, the grave mistake in the original diagnosis, and, second, the ingenious nature of the operation which was subsequently performed.

A gentleman in the prime of life suffered from an extensive swelling of the face with extrusion of the eyeball, caused by an abscess of the antrum. Believing that the trouble was mainly in the eye, he consulted a celebrated New York oculist, who advised immediate removal of the eyeball. Subsequently he consulted Dr. George P. Miles, a New York dental surgeon, who diagnosed abscess of the antrum from a diseased molar tooth. He believed the eye to be uninjured, and gave it as his opinion that, when the pus was evacuated and the swelling reduced, the eye would return to its normal situation.

Instead of extracting the decayed tooth and puncturing the antrum with a trochar, as is usually recommended in such cases, Dr. Miles drilled through the tooth and socket into the antrum, and through this small opening perfectly evacuated the abscess cavity, the swelling rapidly subsided and the eyeball returned to its normal position. The decayed tooth was subsequently treated, and the patient eventually made an excellent recovery without losing either eye or tooth. The importance of accurate diagnosis in such a case is self-evident.—*Can. Med. Record*, June.

## DENTAL TUMOR OF THE LOWER JAW.

Dr. C. E. NELSON, N. Y., communicates the following:—While it is undoubtedly true that surgery of the jaw follows the ordinary rules and regulations of general surgery, it is nevertheless expedient for a surgeon to avail himself of the advice and assistance of a skilled dental surgeon before undertaking a severe and perhaps useless operation. For the basis of this report, I am indebted to Dr. George P. Miles, of this city, the dental surgeon who operated upon the case. In 1873 a girl aged fifteen sought medical advice for a large tumor of the lower jaw, which had been steadily growing for about six months. For four months the pain had been so severe that morphia had to be continuously administered in gradually increasing doses. A distinguished surgeon who examined the case diagnosed malignant disease, and advised the immediate removal of the tumor along with a considerable portion of the jaw-bone. The day before the proposed operation the patient consulted Dr. Miles, who after a careful examination came to the conclusion that the tumor was not malignant, but was caused by the presence in the jaw-bone of several of the second teeth which had not yet been evolved. The severe operation previously decided upon was considered unnecessary, and was postponed *sine die*. Dr. Miles freely opened the tumor and let out a quantity of extremely fetid matter, instantly relieving the pain. On passing a probe, it was found that the anterior surface of the bone below the incisors had been absorbed; and that, at the bottom of the cavity so formed, several hard bodies could be felt imbedded in the bone, which were the unevolved second teeth. The cavity was cleaned out and packed with lint soaked in a solution of chloride of zinc. Antiseptic applications were regularly employed, but the wound continued to discharge a thick black and very fetid fluid. By the end of six weeks, three teeth could be distinguished, viz., the right canine and two right lateral incisors; and at the end of three months Dr. Miles was able to extract these three teeth through the opening made when the tumor was lanced. A year afterward the cavity had filled up and the jaw returned to its normal shape. The three teeth were arranged horizontally in the cavity one upon the other, and as they were firmly imbedded in the bone, considerable skill was required to dislodge them. The cavity in which they lay was one inch and a half deep, by two and a half inches wide.—*Can. Med. Record*.

## ALVEOLAR ABSCESS.—PEROXIDE OF HYDROGEN.

Dr. WALTER COFFIN says:—The perfect application of any medicament to all parts of a large and inaccessible abscess always presented considerably mechanical difficulties, and it has occurred to me that, for the hydraulic or pneumatic pressures which are usually applied, there might be substituted some rapid chemical evolution within the cavity. I carried out this idea of injecting into a large abscess in my own mouth which had resisted all the ordinary applications of carbolic acid, creosote, and every other known remedy, as strong a solution as I could obtain of peroxide of hydrogen. This, if cold and rapidly injected, almost immediately afforded a rapid evolution of oxygen upon the whole surface of the abscess, and a more satisfactory antiseptic than nascent oxygen could scarcely be conceived. The liquid when injected was perfectly clear, but the operation was immediately followed by an enlargement of the cavity and the exudation of a white milky froth. The result was extremely satisfactory, a single injection of the peroxide effecting a complete cure.—*Amer. Jour. Dental Sc.*

## COMBUSTIO.—BILLROTH'S PATHOLOGY.

Early in the week Prof. Billroth exhibited a case of severe burn, and discussed the pathology of the injury in a different manner from that obtaining among French surgeons.

The patient, twenty years old, had burned himself on the right arm, by contact with a mass of red-hot iron. The entire flexor surface of the forearm was of a red color, very painful, and covered with blisters, of which several ran together to form larger bullæ.

Prof. Billroth is accustomed to differentiate between three degrees of burning, in opposition to Dupuytren, who distinguishes six.

In the *first degree* (hyperæmia) the skin is of a bright red color, painful, and, in consequence of the exudation of serum into the skin tissue, somewhat swollen. Desquamation of the cuticle often occurs, and the capillary blood-vessels are always distended.

The *second degree* is characterized by the formation of blisters, some of which immediately follow the burning, others some hours later. These vesicles are caused by a rapid flow of fluid out of the distended capillaries, which lifts up the horny layer of the cutis. The blisters, which originally contained pure serum, or serum mixed with blood, in further course, can become purulent. A crust is constructed, under which new epidermis is formed.

Both degrees can be artificially produced by the application of vesicants.

By the *third degree* is designated that intensity of a burn in which the deeper situated soft parts are reached, and gangrene follows. This degree is always attended with the free production of pus, and the wound heals by the formation of granulations.

This division is made with relation only to the intensity of the burn. In regard to the extent of surface involved, it is worthy of note, although very little explained by physiological research, that it only requires two-thirds of the body surface to be burnt in order to secure certain death, with symptoms of dyspnoea and collapse.

Treatment must be directed entirely to the alleviation of pain, as the formation of skin cannot, in any way, be accelerated.

In the present case, after puncturing the larger vesicles, and emptying their contents, the forearm was enveloped in cotton.

Other methods consist in application of cold compresses, or in smearing the burnt surface with oil, in order to lessen pain. With collodion, which has been recently highly recommended, Prof. Billroth has obtained no favorable results. He succeeds very well, however, in burns of the third degree by compression of the burnt part with strips of sticking plaster, or by application of compresses, saturated with a one per cent. solution of argentic nitric.—*Med. News, July 1.*

## BURNS.

Dr. A. E. FARNHAM, East Madison, Me., gives the following:—

A burn with oil is the worst kind of a burn. Steam makes a very bad burn. To distinguish a burn from a scald, look closely and observe the hair. If the hair is entire, it is a scald; if it is a burn, the end or the whole of the hair will be minus. A large slight burn is more dangerous than a small deep burn. A burn over the abdomen is more dangerous than one over the thorax. When a burn covers over one-third of the body death may be expected; especially if it is on the abdomen. There are three stages of burns. 1st. Depression; 2d. Congestion; 3d. Reaction. Depression and congestion sometimes affect the brain and cause death by effusion. Burns over the abdomen cause inflammation of the kidneys, which produces retention of urine. In such cases see to it that the patient urinates frequently. Cream of tartar in water should be given as a drink. For the intense itching caused by burns, nothing is better than liquor potassii arsenitis. In treating a burn, bring about reaction. Give ammonia and brandy by stomach or rectum. Keep the air from the burn and thus lessen the pain. If necessary, the child, or whoever is burned, may be placed in a tub of tepid water, and so exclude air till you are ready to dress the wound. Dry bicarbonate of soda, put on thickly and bandaged on, is a very good dressing. Some prefer it in form of a saturated solution. Glycerine, olive oil and vaseline are good dressings. But to exclude the air is of so much moment, that no time should be lost, and if no better substance be at hand, do up the burn in plenty of dry flour. Unless there is a copious discharge, burns should not often be dressed. If there is any considerable rise of temperature, tr. aconite should be given. If suppuration takes place, support patient by a generous diet, and give quinine and iron.—*Med. and Surg. Rep.*, May 27.

## ABSORPTION OF SEQUESTRA.

At the Société de Chirurgie, Paris, M. Launelongue reported some experiments which he and M. Vignal had made for the purpose of finding out whether sequestra could be absorbed. These observers placed pieces of bone or of ivory in the tibiae of rabbits and found that after a certain time the pieces had disappeared by a peculiar process of absorption.

The following conclusions were arrived at:

The absorption of sequestra can be shown by experimentation.

The suppuration of the capsule, surrounding the sequestrum, is an obstacle to this process, but this suppuration only lasts a short time and is succeeded by the growth of an embryonic tissue, the granulation of which surround the sequestrum and penetrate the slightest openings, causing absorption in a way the various steps of which could be easily followed by means of experiments. Dead bone is quicker and more easily absorbed than ivory.—*Cin. Lan. and Clinic*, July 29.

## HYDROCELE OF THE NECK.

At a recent meeting of the Glasgow Medico-Chirurgical Society (*Glasgow Medical Journal*), Dr. James Whitson reported a case of hydrocele of the neck. The patient was a girl, 7 years of age, and the hydrocele was situated on the right side of the neck. It had first appeared when she was 5 months old, since which it had gone on increasing in size, but had never caused any inconvenience. The head was carried slightly to the left side. There was an oblique depression in the tumor corresponding to the sterno-mastoid. On August 14th, 1881, it was evacuated by the aspirator and continuous pressure afterward applied. By the middle of November the cyst was as large as ever, and on the 18th, with antiseptic precautions, an incision was made into it. When it was thoroughly evacuated, tincture of iodine was applied to its interior by means of a brush. Decalcified drains were then introduced, and the wound dressed. Five weeks after operation the wound was healed, and

the hydrocele has been completely cured. In discussion, it was considered that this mode of treatment was an improvement on the old method. Stuffing the sac with lint had been tried, but it set up a great deal of inflammation and caused puckering of the skin. Setons had also been used. One case was mentioned where the cyst had been washed out with chloride of zinc, and the result was good.—*Rocky Mt. Med. Times, June.*

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### MUSCLE TRANSPLANTATION.

At the Eleventh Congress of German Surg. Soc., at Berlin, Herr Helferich, of Munich, reported a case of muscle transplantation.

He had removed a large fibro-sarcoma from the biceps of a woman, thirty-six years old, and had filled in the space with a piece of fresh muscle from a dog, sewing it in with catgut sutures. Healing took place and the patient can now bend her arm well. The electrical reactions are also normal.

Herr Gluck, of Berlin, confirmed Helferich's account and referred to experiments of his own, showing that muscle can be transplanted.—*Med. Record, July 29.*

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### PARACENTESIS CRANII IN HYDROCEPHALUS.

Mr. H. P. DUNN (*Lancet*, May 13, 1882,) is inclined to believe that: First: paracentesis cranii is indicated in all cases of acute and chronic hydrocephalus in which, medicinal treatment having failed, the patient is clearly suffering from the increase of the fluid, and life is threatened. Second: It is the only means by which life can be prolonged, even if, by its performance, the disease is not arrested. Third: All the fluid which can be obtained should be withdrawn. Fourth: The operation may be required to be repeated should a re-collection of the fluid be followed by a return of the symptoms which rendered its previous performance necessary. Fifth: The risk associated with the operation is almost nil, if carefully performed. Which is somewhat opposed to the general opinion.—*Chicago Med. Rev., July 1.*

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### OSSEOUS TISSUE FORMED FROM TRANSPLANTED BONE-MARROW.

Prof. BRUNS, of Tübingen, reports (*Arch. for Clin. Chir.*) the results of some experiments he has lately made on animals, with the object of determining whether portions of transplanted bone-marrow can give rise to the formation of deposits of true osseous structure. The professor states that the animals best suited for experiments of this kind are young dogs. A portion of the shaft of the femur or tibia is resected, and the marrow contained in this resected fragment, removed in an unbroken cylinder. Portions of this cylinder are then inserted into fresh wounds on the breast or back of the same animal, either into the subcutaneous fat or in a superficial part of the muscular layer. The wounds are then carefully closed by means of sutures.

The following changes, it is stated, takes place in each instance of successful transplantation: A diffuse swelling is at once formed, which speedily begins to diminish, and is replaced about the fourteenth day by a movable nodule, in which bony tissue already exists in scattered foci. By the twenty-fourth day, foci have usually amalgamated into a single piece of bone. Microscopical examination proves that the nodule, in its early stages, is composed of osseoid tissue, cartilage, and newly formed osseous tissue, and that the fully developed hard mass consists of true bone.

These experiments, Professor Bruns asserts, prove that bone-marrow, completely separated from its connection with bone, transplanted under the skin of the same animal, at a remote part of the body, may give rise to the formation of bone and cartilage.—*Sv. Pract., June.*



## CYST OF FIBULA.—EXCISION.

Dr. J. W. BUCHANAN operated upon a lad twelve years old for a large oval tumor on the outer side of right leg, extending from fibular articulation downward for about six inches, and measuring from its inner side to the middle of the leg behind over its most prominent part, eight inches. On the inner side a slight furrow separated it from the tibia, but behind it could not be distinctly defined. It was immovably fixed, smooth, uniform in outline, hard on palpitation, with here and there a spot which gave a semi-elastic sensation with egg-shell crackle on firm pressure. The skin was freely movable over it. There was no pain nor tenderness to pressure, nor was walking interfered with.

He stated that falling from a tree a year before he had bruised his right leg below the knee. Hot fomentations had caused speedy relief of all painful symptoms, but there had remained a slight thickening of the tissues. A second injury upon the same part had been similarly treated, and had resulted in a similar manner, except that the thickening had been more marked. After a time this swelling gradually increased, then more rapidly, and more lately had remained stationary. As the indications seemed to be that the growth was malignant in nature, amputation was determined upon, and the patient was chloroformed for that purpose. However, upon cutting down upon the tumor it was found to be a cyst, and Dr. Buchanan simply excised the upper half of the fibula. The patient recovered entirely.—*Glasgow Med. Jour.*—*St. Louis Cour. Med.*, July.

## LIMIT OF SKIN VITALITY.

E. P. BREWER (*Med. Record*) concludes from the result of several carefully conducted experiments that the limit of vitality of skin used in grafting is about thirty-six hours. Of eight experiments performed for the purpose of testing the question five were successful and three failed. In the former, the time that elapsed between the removal of the skin and the application of the graft varied from eighteen to thirty-six hours. In the latter, the intervals were respectively thirty-eight, forty and forty-five hours.—*St. Louis Cour. Med.*, June.

## TUMORS.—SUBCUTANEOUS INJECTIONS.

Dr. KARL KÖRBL (*Wien. Med. Woch.*) records 23 cases of lymphoma treated by subcutaneous injections. He tried Fowler's solution, carbolic acid, iodoform, etc., for this purpose. Latterly he has used tinct. iodi, and injects into the most prominent part of the swelling a sufficient amount to cause distinct tension. This is followed by much swelling and pain, but by the third day these are nearly gone and massage is then practised. The injecting is to be repeated as may be required.—*Can. Jour. Med. Sc.*, July.

## SPINA BIFIDA.—INJECTIONS OF IODINE.

Mr. A. PEARCE GOULD reported the following case to the Clinical Society of London (*British Medical Journal*): A boy, aged six months, was brought into the hospital, with a tumor over the lumbar vertebra about the size and shape of a large tomato. It was translucent, fluctuating, sessile, covered with healthy skin. The child was otherwise perfectly healthy. The tumor became tense when the child cried, and pressure on it caused fullness of the anterior fontanelle. One ounce of fluid was drawn off, and one drachm of Morton's iodo-glycerine solution injected. This producing no effect, the operation was repeated a week later, when half a drachm of the same solution was injected. After this the tumor became solid and shrank. The fluid

removed was analyzed, and found not to contain even a trace of sugar, showing that it was arachnoid and not cerebro-spinal fluid. During the discussion that followed, it seemed to be the sense of the society that while this was the best treatment known at present, for spina bifida, the successful cases were very few and far between. The president, in conclusion, stated that he believed that Dr. Morton now thought it advisable not to draw off the fluid from the spina bifida, but merely to inject the fluid, that being quite sufficient for the treatment of the case.—*Med. and Surg. Rep.*, July 8.

### TRAUMATIC TETANUS TREATED WITH ESERINE.

Dr. THOMAS LAYTON reports, in the New Orleans *Medical Journal*, a case of tetanus occurring in a boy, aged 11 years, following, after an interval of three weeks, the wounding of the sole of the foot with a splinter. Chloral, bromide of potassium and cannabis indica were employed without benefit. Eserine was then administered in doses of  $\frac{1}{4}$  grain doses every hour for several days. Recovery took place. On two occasions the pupils were dilated; at all other times they responded to light. The eserine increased neither the tears, saliva, or defecation.—*Alienist and Neurologist*.

### SANGUINEOUS DEPOSITS IN THE FOLD OF THE ELBOW.

Having had the opportunity of noting five cases of sanguineous effusion in the region of the elbow, and having each time seen the hæmatoma succeeded by a tumour of a cartilaginous consistence, M. Charcot (*Rev. de Chir.*) has embodied the results as follows:—

1. Violence which directly affects the elbow, such as contusion, dislocation, etc., or indirectly (as sprains and diastasis), often produce considerable effusion of blood throughout the whole extent of the upper limb, and especially at the fold of the elbow.

2. The sanguineous extravasations seem to have their source in the rupture of the vessels around the joint, and especially in the tearing of the brachialis anticus muscle.

3. The effused blood is not always completely absorbed, and is transformed into fibrinous clots situated at the anterior internal side of the fold of the elbow in front of the articulation, and in the substance of the brachialis anticus.

4. The tumour thus found is as large as an egg, uneven, and of cartilaginous, and even bony, hardness. At the commencement it is independent of the bone; but subsequently may become united to the humerus.

5. The sanguineous deposits may interfere with the movements of the joint, and considerably limit flexion.

6. They generally remain stationary for a long time, and are but little influenced by ordinary treatment.

7. They may give rise to errors in diagnosis, and may be taken for exostoses of the humerus, displacement of the coronoid process, etc.—*London Med. Rec.*—*Can. Jour. Med. So.*, June.

### SPINAL CARIES; ITS MOST COMMON RESULTS AND THEIR TREATMENT.

Before the Surgical Society of Ireland, Friday, March 10, 1882, J. K. Barton, M. D., in the chair, Mr. Swan read a paper on this subject, in which the paralysis of Pott's disease was considered. Statistics and cases, collected by the author, showed that paraplegia as a sequence followed almost exclusively by disease of the cervical and six upper dorsal vertebræ. This might be readily

estimated by considering the small size of the vertebral bodies and their free motion in the cervical region; and in the upper dorsal the tendency to a rapid assumption of an acute angle from the weight of the head while in the erect posture being transmitted through those bones. The anterior portion of the spinal cord was held in close relation with the posterior surface of the vertebral bodies by the spinal roots, while the posterior portion was five or six lines distant from the corresponding part of the canal. The theory of the direct extension of the morbid process producing a perimeningitis, a meningitis, and subsequently a localized myelitis, seemed thus feasible, and accounted for the frequency of interference with the motorial functions. The factors of the paralyses of Pott's disease were three: 1. Direct pressure of the bony angle on the cord; 2. Deprivation of blood-supply, inducing a reflex paraplegia; 3. A series of changes commencing by an extrameningeal lesion, involving secondarily the meninges, and terminating in a descending sclerosis of the cord.

The value of the reflex phenomena was considered as a diagnostic agent in sclerosis. The occurrence of abscess as a visible and internal sign only indicated that pus was presented in a greater degree. It was present in every case of true vertebral caries. This he showed by specimens which displayed cavities containing the elements of pus in a state of caseous degeneration. The periods for treatment were separated in two: 1. That in which the disease was either actively progressing or stationary: 2. When repair was being established. The value of any apparatus extending to the axilla was held by the writer only to apply to disease very low down—not above the third or fourth lower dorsal. He advocated the jury-masts as a preventive.

The general observations on the subject of the treatment of congestive abscess from spinal caries, made by the author, led him to believe that the safest treatment was allowing a spontaneous opening to occur. He had not seen good results from Lister's dressing in those cases, though holding himself a strong predilection for that method, and quoted Billroth, Pirogoff, and others on this subject.

Mr. Thornley Stoker strongly protested against Mr. Swan's opinion of the uselessness of opening spinal abscesses under Lister's spray. In his practice the use of Listerism in such cases had been attended with excellent results.

Mr. Elliott advocated opening spinal abscesses by a valvular incision.

Dr. H. Kennedy advised the use of quantities of animal food in caries of the spine, as in all other forms of struma.

Mr. Croly obtained good results by allowing psoas abscesses to open spontaneously. The reason why the valvular incision recommended by Abernethy gave good results was because it was the nearest approach to the natural method, the essential point being to allow a slow and gradual and at first only partial evacuation of the contents of the sac, so that contraction might occur gradually.—*Louv. Med. News*, June 10.

## RESECTION OF A VERTEBRAL BODY.

Dr. J. ISRAEL (*Berliner Klinische Wochenschrift*) reports a case of a scoliotic man who was paraplegic and in whom the symptoms pointed to pressure on the motor portion of the cord. The presence of a cold abscess to the left of the first lumbar spine, the pain on pressure and the fact that the paraplegia had gradually occurred led to the diagnosis of caries of the body of the vertebra. The abscess was first opened next the sinus leading to the twelfth rib at its greatest convexity. The rib was found to be carious and was resected. The vertebra had undergone cheesy degeneration, and was scooped out by a sharp spoon. The patient died thirty-seven days after the operation. On the autopsy, dry pleurisy and miliary pulmonary tuberculosis were found. The cases reported by Spencer (*New England Medical Monthly*), and that reported by Gaillard's Medical Journal for March, seem to show the feasibility of this operation in similar cases, to Israel's case.—*Chicago Med. Rev.*, June 15.

## PAINFUL WRIST AFFECTION.

Dr. E. H. BRADFORD, Boston, Mass., (*New York Medical Journal*, July, 1882,) relates three cases of a painful wrist affection the symptoms of which were: pain referred to the middle of the carpus; slight swelling; no constitutional disturbance, and with no, or but partial interference, with motion of the articulation between the carpus and the radius and ulna. The symptoms were relieved by fixation, and recovery took place finally after a period of rest. Judging from analogy, it seems probable that these cases were somewhat similar to the synovitis of the medio-farsal joint, described by Gosselin under the term tarsalgia adolescentium; differing somewhat in their course from the fact that the wrist, a part easily immobilized from the first, and not the tarsus, was affected. Leaving out of account the smaller synovial membranes of the carpus (those between the pisiform bone and the cuneiform, the trapezium and the metacarpal bone of the thumb, the ulna and the fibro-cartilage at the joint,) there are two large synovial sacs, that between the main carpal bones and the radius and cartilage covering the ulna, and that between the main bones of the carpus, of which the os magnum is the larger and central bone. From the symptoms in the cases reported, the inflammation was evidently one affecting and limited to, this latter synovial sac. They may therefore be termed cases of synovitis of the carpus.—*Chicago Med. Rev.*, July 15.

## MUSCULAR ACTION IN HIP DISEASE.

Dr. A. B. JUDSON (*New York Medical Journal*, July, 1882,) has recently discussed the morbid anatomy of hip disease, with special reference to the supposed effect of muscular contraction in promoting pathological changes in articular structures. A careful review of recorded observations leads him to infer that the crowding of the articular surfaces together by muscular action has no effect. What mainly points to this inference is that the primary lesions are not usually found in the superficial structures which enter immediately into the formation of the joint, but in the cancellous osseous texture. The conclusion does not effect the utility of the extension treatment, but leads to this interpretation of its beneficial action. Aside from the fact that by its anodyne quality, traction is empirically indicated, there are rational grounds for its use. Traction, however applied, is unavoidably accompanied by fixation. The most efficient apparatus for the application of traction is, at the same time, the best means for the immobilization of the hip joint, and immobilization is indicated by pathology.—*N. Y. Med. Jour.*, July.

## DISEASES OF THE ANKLE JOINT.

At a recent meeting of the Medico-Chirurgical Society, of Edinburg (*Edinburg Medical Journal*), Mr. Joseph Bell, showed a patient who had suffered for some years from disease of the ankle joint, but whose foot he had been enabled to save by means of a free antiseptic incision. He thought it was rare that good results were seen in cases of joint disease of long standing. This patient, a boy of 19, had suffered from pain in the ankle for nearly five years. For the last two years the pain had been intense. He was unable to put his weight on it, and sometimes was even unable to sleep at night. The disease was entirely confined to the ankle joint. It was decided to make a free incision and thorough drainage, under antiseptic precautions. The incision was accordingly made. An ounce and a half of pus was let out, and a drainage tube passed into the joint. The symptoms were at once greatly relieved. The patient remained in the hospital about two months, and was sent out with the wound healed and a starch bandage on, to keep the joint quiet. This was now off, and the movements at the ankle were almost perfect and there was no evidence of disease. He will go about for some time on crutches.—*Med. and Surg. Rep.*, May 27.

## TREATMENT OF STRUMOUS GLANDS.

The treatment of chronic caseating strumous glands has undoubtedly been improved in quite recent times. In the earlier stages the external application of iodoform in the form of its collodion is frequently of marked service, and when suppuration has taken place the thorough local application of powdered iodoform and the enucleation of the glands are of great value in cutting short the affection and producing a quick recovery. In a paper in the *Central f. Chirurg.* Dr. Von Lesser points out that the disease in the glands often assumes the form of small caseous foci, which may become encapsuled and possibly calcareous, but are more likely to lead to suppuration, during which they are extruded, or to general tubercular infection. In view of these events he has, while the glands are still only indurated, attempted to enucleate these caseating portions of the glands. His operation is thus performed: Fixing the gland and pushing it forward under the skin with the finger and thumb of the left hand, he makes a small puncture through the skin and into the gland with a narrow knife. Through this wound he passes a small sharp spoon and scrapes the interior of the gland. The soft cheesy portions readily yield and come away, while the more healthy parts of the gland prove more resistant. If several glands lying close together are enlarged, he operates on them all, or on several through one skin wound, the spoon being pushed into one after another. By this means the disease is cut short, ulterior dangers are avoided, and unsightly scars prevented. Lesser recommends that the operation should be done with strict antiseptic precautions, and that care should be taken not to wound any large vessel, nor to leave behind in the wound any of the cheesy debris.—*Lancet*.—*Med. News*, July 22.

## TREATMENT OF GLANDULAR AFFECTIONS.

Dr. JULIUS KEMMERER has used the following formula in the treatment of all glandular enlargements preceding suppuration:

R. Extract belladonnæ, 3 j; ung. hydrargyri, 3 iv. M. Sig. External use.

He asserts that the judicious use of this ointment, when used in time, will prevent suppuration, cause the enlargement or swelling to disappear, and the gland to resume its normal action. The manner of its use is to apply a small piece with gentle friction to the parts, three to six times daily. Its efficaciousness is conspicuously manifested in the enlargement of the glands in the cervical and inguinal regions, and especially when they are of a strumous, scrofulous, or syphilitic character.—*Med. Bulletin*, July.

## SULPHIDE OF CARBON AND IODOFORM IN PHAGEDENIC ULCERATION.

Dr. J. CHÉRON (*Revue Méd.*, *Med. Press and Circular*,) recommends the following:

Carbon disulphide, 80 parts; iodoform, 5 parts. Best applied with a glass brush.

This combination produces less pain than the carbon disulphide alone, and the pain ceases when the liquid evaporates. Dr. Chéron has seen cicatrization speedily result from this application in cases which had proved rebellious to all the usual treatments. Iodoform dissolves readily in the disulphide, and the rival odors are mutually weakened by association.—*Louv. Med. News*.

## RESOLVENT ACTION OF ALCOHOL IN INFLAMMATIONS.

Mr OLLIVE has obtained good results from topical use of this remedy in inflammatory affections. A thick compress is wetted with 50 to 90 per cent.

alcohol, then covered over with some covering like oiled silk or mackintosh, to prevent evaporation; the compress is wet every three or four hours. It has been successfully used in phlegmon, pelvic peritonitis, lymphangitis, etc.—*Gaillard's Med. Jour.*, June.

#### GLYCERINE TO PREVENT SCARS.

J. B. C. Guzzo finds glycerine most valuable in preventing scars in burns. He uses it diluted with an equal quantity of water or pure, according to the nature of the burn. Or he uses a combination of one part of glycerine with three parts of collodion.—*Gaillard's Med. Jour.*

#### RESPIRATORY ORGANS.

##### PAPILLOMA OF THE VOCAL CORDS.

Dr. F. H. HOOPER reported to the Boston Society for Medical Observation a case of papilloma of the vocal cords, and showed ten excellent drawings made by Dr. Quincy representing the glottis before and after operation. The patient was a man fifty-four years old. His voice began to fail a month previous to his first visit to the hospital. The hoarseness gradually increased and for a week he had not been able to speak above a whisper. Examination with the laryngoscope showed a warty growth, sessile, occupying the anterior angle of the vocal cords and extending along the superior surface and edge of the right vocal cord, involving about one-third of its surface. The patient was first seen November 8d. On November 25th he was operated upon, and at one sitting the growth was almost entirely removed with MacKenzie's forceps. The cord was afterward cauterized with nitrate of silver in substance. The voice is now quite good, and although not restored as yet to its normal tone, another operation will probably not be necessary. Dr. Hooper also reported a case of chronic follicular tonsillitis in which a papilloma about the size of a bean was attached to the right tonsil. A drawing of the disease and the excised tonsil were shown.

Dr. Langmaid said that he had recently removed from the tonsil a tumor like that shown by Dr. Hooper. It was somewhat larger, with a long pedicle, and was attached at the very upper edge of the tonsil, so that it was difficult to get at its attachment.

Dr. Knight said that in regard to the first case reported by Dr. Hooper, that it was the largest tumor of the kind he had ever seen, being more than one half an inch long. The voice, though not entirely corrected after the operation, was wonderfully improved. Considering that the growth was so sessile and so extensive, it was very remarkable that the operation should have been so thoroughly accomplished.—*Boston M. & S. Jour.*, July 12.

##### INTER-CRICO-THYROID LARYNGOTOMY.

At the meeting of the *Société de Chirurgie* held April 26, 1882, M. Nicaise read a report on the work of M. Richelot on this subject, and a second report on M. Krishaber's work with the same title.

M. Chauvel recognised the difficulties alluded to by the reporter, and cited a recent case where it had been almost impossible to insert an ordinary tracheal cannula. M. Désprés mentioned that the first suggestion of the advantage of incising the cricoid was due to Boyer, but since then the incision had been nearly abandoned, except in exceptional cases, where a modified in-

cision was employed. Nélaton proposed the resection of a part of the cricoid cartilage, and M. Déspres published in 1861, in the *Gazette de Hôpitaux*, an account of a case so operated on by Nélaton for oedema of the glottis, occurring in pregnancy. M. Déspres had himself, also, performed inter-crico-thyroid laryngotomy for a case of polypus of the larynx, and he recognised the advantages of the operation as facilitating subsequent manipulations in the larynx, or for the removal of foreign bodies, but thought it was unsuitable where it was desired to allow a cannula to remain; and he cited a case where the presence of the cannula rendered deglutition so painful that the cricoid had to be incised. He is therefore resolutely opposed to the operation.

M. Verneuil, on the other hand, is a warm advocate of this method; he believes it to be easy of performance, exempt from the inconveniences and dangers of tracheotomy, and is often the only operation possible; and he has also found that ordinarily the permanent use of the cannula is not objected to by the patients. He performed the operation in a case of epithelioma of the larynx, and the patient wore the tube for twelve months without any inconvenience; he also had a similar result in a case of epithelioma of the pharynx, which necessitated the opening of the larynx from the suffocative attacks following the great glandular enlargement. This patient, who is still alive, suffers no annoyance from the presence of the tube, and can even speak without closing it. He had employed the thermo-cautery in these two cases, and not a drop of blood had been lost. In the second case the neck was extremely short, and it was impossible to extend the head without causing suffocation, so rendering the ordinary operation of tracheotomy inapplicable. He thought, however, it should be remembered, that the crico-thyroid membrane might be exceptionally elastic, and so prevent the entrance of the cannula.

M. Farabeuf had performed this operation fifty times on the body of adults and old people, and had found that the operation, as regards difficulty, was not comparable with tracheotomy. MM. Marc-Sée, Lannelongue, and Pozzi also spoke in favor of the operation.—*Le Progrès Médical*.—*Med. News*, July 15.

### TRACHEOTOMY.

In the course of a lecture on this subject by the late Professor John T. Hodgen (St. Louis *Courier of Medicine*) the following valuable paragraph appears:—

"Right here is a point to which I wish to call attention. Not infrequently—in fact, as a general rule, when a child has been struggling for breath for hours, it may be, and an opening is made into the trachea so that the air enters easily and freely—there will be, after one full inspiration, an entire arrest of all respiratory movements for several seconds, so that one who is not prepared for it may be alarmed. But if you watch the face you will observe that even while the respiration is arrested the color is constantly improving; the livid hue is passing away, and the natural hue is returning to the lips and cheeks and brow, and after a few seconds, sometimes as much as half a minute, the respiratory movements are resumed, and the child breathes easily, falling into a quiet sleep. The explanation is apparent: the child was poisoned with carbonic acid, and there was oxygen in the air inhaled by the long inspiration after the trachea was opened.—*Med. and Surg. Rep.*, July 29.

### FRACTURE OF THYROID CARTILAGE.

Mr. Reginald Harrison reports the following case in the *Lancet*:—

J. W. B—, aged sixty-three, a dock laborer, was admitted on March 28, 1892. A few hours previously he had been kicked on the throat, upon which swelling and difficulty of breathing rapidly supervened. On examination, there was considerable swelling over the front and sides of the larynx. As the difficulty in breathing was rapidly increasing, Mr. Harrison advised that

tracheotomy should be performed without delay, it being probable that the symptoms were due to a fracture of the thyroid. Mr. Harrison's house-surgeon, Mr. Rayner, accordingly, at once opened the trachea and put in a tube, at the same time verifying the diagnosis that had been arrived at. The patient, after the operation, was kept in an atmosphere well charged with steam, and for four days was fed by the rectum, after which he was able to take liquid food by the mouth. The tube was removed on April 8th. The wound rapidly closed, and the patient left the Infirmary on April 25th, some slight huskiness in the voice alone remaining. Mr. Harrison commented upon the extreme rarity of such injuries. Tracheotomy had undoubtedly saved the patient's life. The age of the patient had probably induced changes in the cartilage, which had somewhat added to its liability to fracture on the application to it of force, such as a kick.—*Med. and Surg. Rep.* July 22.

#### OPERATION FOR INTRA-NASAL HYPERTROPHY.

Dr. CARL SEILER brought two cases of anterior intra-nasal hypertrophy, upon which he operated before the Phila. Med. Society by means of the galvano-cautery. Before proceeding with the operations, he stated that there were two kinds of such hypertrophies—permanent and temporary. Both produced partial or complete stenosis of the nostril, and should therefore be removed by operation. He also stated that the operation, if properly performed, was painless, or almost so; but great care should be exercised in maintaining the platinum loop of the cautery knife at a cherry-red; for if it is at a white heat a copious hemorrhage will follow the incision, and if not hot enough it gives rise to pain. The mucous membrane only should be cauterized, and the vestibule of the nostril carefully protected by a rubber shield.

Dr. Seiler further stated that he had operated upon a very large number of cases, both in the dispensary and in private practice, without having met with any untoward results; but he said that he could readily understand how inflammation of serious character could follow the operation if too much was done at once. The two patients were then operated upon very successfully. They did not seem to feel the least pain, and were afterward examined by the members present.—*Med. Times*, June 17.

#### GALVANO-CAUTERY SNARE FOR REMOVAL OF NASAL POLYPI.

In an elaborate article on nasal polypi in the *Deutsche Med. Wochen.* for June 3, 1882, Dr. Max Schaeffer condemns the use of polypi forceps as a means of removal of these tumors, as they cannot be completely eradicated, and what remains will cause their reproduction. He recommends the use of the galvano-cautery snare.—*Med. News*, July 8.

#### EXTIRPATION OF A PULMONARY HERNIA.

M. DE LOS MOZOS reports an interesting case in the *Revista de medicina y cirugía practicas*. A young man, seventeen years of age, received, in a fight, a large stab wound, three centimeters in width, between the fifth and sixth ribs, on the left side, and through it protruded a portion of the lung as large as a small orange.

The patient was pale, almost in a state of collapse, with filiform pulse, and suffered from incessant coughing, with sanguinolent expectoration; he could lie only on the right side. After forty-eight hours, however, his condition improved wonderfully, and remained so during the following days. As the portion of lung protruding could not be reduced, the physician in charge fearing mortification, extirpated it entirely, applying the actual cautery to arrest hemorrhage.



The patient made an excellent recovery, the wound cicatrized well, and no deformation of the thoracic parietes or alteration in the respiration ensued.  
—*Med. and Surg. Reporter.*

### TRAUMATIC HERNIA OF LUNG.

B. B. TEMPLE, M.D., Danville, Va., gives the following: In December last, N. C., aged 24, a tall, raw-boned, well-made man, in good health, got into a difficulty at a country store thirteen miles from this city, and was cut from behind with a large knife, on the left side, between the ninth and the tenth ribs, about equal distances from the sternum and spinal column, making a wound about two and a half inches in length, and penetrating the lower extremity of the lower lobe of the lung probably two inches; the two segments of lung tissue to the bifurcation protruded through the external wound. The protrusion was thought to be due to the exertion the man made in defending himself, which he did until he fell from loss of blood. The first physician who reached the wounded man failed to recognise the character of the protrusion, for it was dark and cold, and naturally, he hurriedly got a bandage around him, removed him to shelter, and revived him by administering large quantities of whiskey. He was cut on Monday evening, and on the following Wednesday I was sent for to meet his attending physicians, four in number, in consultation.

After it had been demonstrated that it was lung tissue which protruded, the question arose what was to be done with it. One proposed to put it back; one to cut it off; one to ligate it; but it was finally agreed to let it alone. The man was in an extremely critical condition from the great loss of blood, and it was feared there would be secondary hæmorrhage should the proposition to ligate be accepted. The great difficulty in draining such a cavity, and the certain passage of air through the wound, which was then tightly plugged by the lung tissue, decided us not to return it. It was thought there would be sufficient pressure to cause separation of the protruding mass by the ribs, but in this I was mistaken, and its disappearance was slow and tedious.

From what little experience I have had in protrusion of lung tissue in gunshot wounds, I should not be disposed to return it—certainly not when it was wounded, and I am not sure that I should if it was not. What do you think about it?

[Dr. Temple, in the suggestions made in the last paragraph, certainly has all of the best authorities on his side. Ligation of the protruding portion of lung, we are disposed to think, would have hastened the cure. After the slough comes off, it is recommended to paint the stump with some such agent as carbolic acid.—ED.]—*Va. Med. Monthly.*

### CIRCULATORY ORGANS.

#### ELASTIC BANDAGE IN THE CURE OF EXTERNAL ANEURISM.

It is hardly more than a century since ago the old operation of incision or excision of the sac with ligature of the artery at either end—the old operation as it is now called—and amputation were the received procedures for aneurism of the extremities. Hunter substituted the less formidable ligature, the old operation being reserved for peculiar and exceptional cases. Later years exhibit a tendency to still further simplify the treatment by substituting compression in various forms, limiting the ligature somewhat as it limited the old operation of opening the sac; though pressure for the cure of aneurism is probably as old as surgery itself, confined, however, in earliest times to direct pressure upon the tumor itself. The attention of surgeons is spec-

ially drawn to the application to aneurism of that form of compression attributed to Esmarch by a pamphlet *On the Rapid Method of Cure of External Aneurism by means of the Elastic Bandage*, by A. Pearce Gould, F.R.C.S., of London, a second and greatly enlarged edition of a paper read by Mr. Gould at the London International Congress. In its present form it is a plea for the elastic bandage, but a singularly candid one, which asks for it rather fair consideration than blind adoption, and discusses the subject in a manner which brings out its faults and its advantages.

In considering any mode of cure of aneurism the distinction between fibrin and blood clot must be kept in view. They differ in composition and appearance not more than in the circumstances under which they are formed. Mr. Gould formulates the distinction thus: "Laminated fibrin is only separated from blood in motion; when once formed it is very stable, not prone to disintegration or to organization. Blood clot is only formed when the blood is at absolute or partial rest, and when formed the clot is unstable, readily being organized, disintegrated, absorbed, or converted into a dry, friable material." The means ordinarily employed in the treatment of aneurism aim chiefly at what might be called the natural method of cure by a gradual deposit of laminated fibrin from a greatly diminished, not a wholly occluded stream. This takes place in most cases of mechanical and digital compression and ligature. The main artery occluded at one point allows a lessened stream to flow through the collateral branches.

Compare a case treated by elastic compression. The elastic bandage is applied firmly up to the tumor, then intermitted or applied lightly over the aneurism, then applied firmly above it, and, lastly, the elastic tube or tourniquet may be tightly applied, if necessary, to stop all pulsation. After an hour or more this apparatus is removed, and the tumor is found consolidated; a quantity of blood shut up in the aneurismal sac has formed a blood clot; slight compression is maintained for a series of hours to protect the newly formed clot. The absolute stasis of the blood in the aneurism, allowing the blood to consolidate *en masse*, is the distinguishing trait of this method.

No surgical procedure is entirely devoid of danger. There are few which are not open to objections, and wherever there is a choice of methods the best is oftentimes simply that one which possesses the fewest disadvantages. It may be said in general that that procedure is safer which avoids any solution of continuity. Compression in its various forms has at least that advantage over the ligature, and is resorted to in some form in the treatment of external aneurism by most surgeons of wide experience. The dangers of and objections to this procedure enumerated by Mr. Gould are in part common to the use of elastic bandage for any cause, in part limited to its use in aneurism, and some of them are common to all operations for that disease.

The alleged dangers and drawbacks are as follows:—

1. The increase of the general arterial tension caused by the application of the elastic bandage.
2. The fall of the general arterial tension on removing the bandage, owing to the paralytic dilatation of the vessels of the affected limb.
3. The risk of causing gangrene.
4. The danger of exciting renal disease.
5. The pain it produces.
6. The danger of injury to nerves by the prolonged compression to which they are exposed.
7. The danger of causing rupture of the aneurism.
8. Its frequent failure.—*Boston Med. and Surg. Jour.*, July 6.

#### SACCULATED OR CIRSOID ANEURISM OF THE SECOND INTEROSSEOUS BRANCH OF THE DEEP PALMAR ARCH.—EXCISION.

Dr. JOHN B. ROBERTS, Lecturer in Phila. School Anat., read a paper on above case to Phila. Col. Physicians:—

Dr. Charles H. Thomas requested me, a few days ago, to assist him, at an early date, in operating upon a tumor of the hand in a boy, aged sixteen years. From his earliest childhood he had been under Dr. Thomas's observation, and had had a small elongated tumor upon the *dorsal* surface of the first phalanx of the left ring-finger, while in the *palm*, at the junction of the bases of the middle and ring-fingers, was a larger swelling. These were considered masses of dilated veins, as they had a spongy feel, and at times showed a bluish color. There was no very definite connecting band of swelling between the dorsal and palmar enlargements. No special pain was experienced, unless the parts were struck, and no marked growth occurred. Hence the child's mother was advised to have nothing done. As the boy grew, the hand and tumor increased, but held the same relative proportions. When the boy began work in a machine shop, the skin became thickened and soiled, and the bluish tint was no longer discernible.

About two months or less ago the growths seemed to enlarge and to be accompanied by considerable pain, and Dr. Thomas advised the use of a compress in the palm and a bandage around the finger. This the boy wore at nights, and usually from Saturday to Monday morning, when he returned to his work. Recently there was noticed pulsation in the palmar tumor and a lobulated feel; and Dr. Thomas feared that an arterial aneurism existed.

When I examined the boy last evening, I found on the back of the third finger a hard, fibrous-like tumor, as large as a watermelon seed, with the long diameter corresponding to the length of the phalanx. In the palm was an illy defined swelling covered with thick skin, very sensitive to pressure, and occupying about the area of a silver half dollar. No swelling was evident connecting the two tumors. On the ulnar side of the palmar mass moderately distinct pulsation could be felt, which quickly stopped when the radial artery was compressed at the wrist, but merely decreased in force when the dorsal was pressed upon with the fingers. No pulsation was felt in the dorsal tumor.

The boy had severe pain even when no pressure was made upon the growth in the palm.

I gave it as my opinion that the growth was an arterial angioma connected with the second interosseous branch of the deep palmar arch, having anastomoses with the digital branches of the ulnar artery. Dr. Thomas considered it possibly this, but probably a sacculated aneurism. His diagnosis has proved to be the more correct.

It was determined to employ the Esmarch elastic bandage, and to make a free incision over the tumor and dissect it out, whether it be angioma or aneurism. As Dr. Thomas was disabled by a painful boil on his right hand, he requested me to operate. The boy was etherized and the elastic bandage applied.

I made an incision from a point a little in front of the superficial palmar arch to the commissure of the fingers, and came upon a mass of fat and small vessels, in the centre of which was a bluish nodule, reambling larger vessels containing blood not driven out by the elastic bandage. Keeping close to the skin, and going down to the sheaths of the flexor tendons, I dissected the mass free. Lying alongside of the palmar interosseous muscle going to the ring-finger (2d interosseous) we saw a comparatively large vessel which seemed to be the main feeder of the mass. I then extended my incision, making a straight cut along the side of the ring-finger, dissected up the skin, and enucleated the hard nodule lying on the back of the first phalanx. This seemed connected with the other mass by some fibres or small vessels, and both were removed as one piece. The wound was then plugged with dry muslin, to stop the general oozing that occurred after removal of the bandage, and a tight bandage applied. No ligatures were required, because my incisions were made at a distance from the tumor.

Dissection of the palmar mass showed that I had removed a small body, about three-quarters of an inch in diameter, containing clotted blood, and surrounded by adipose tissue and nerves. Small collapsed vessels in large numbers may, perhaps, be found in this adipose tissue, by microscopic examination. Only a few larger ones were recognizable by ocular inspection,

because of the absence of blood from the interior. The tumor, as is seen on the plate, consists of three lobules of rather unequal size, arranged somewhat as a trefoil. The largest one of them, which has been punctured, allows the escape of soft clot; this sac is about half an inch in diameter. The three sacs seem to be separate, because the head of a pin introduced into one does not pass into the others. The two smaller sacs or lobules are hard, as if the clot was old. One has been laid open, and shows a white centre, or nucleus, of cartilaginous consistence, surrounded by a layer of red clot. On the surface of this three-lobed tumor runs a nerve, which probably was the seat of pain from pressure, and parallel to it a small artery. Both of these become lost in the mass, at the upper end of the tumor, which was thought to contain the main supply of the aneurism, and around which a string was tied and left for identification.

The tumor from the back of the finger is hard, and on section shows an irregular colored red surface. I believe the tumors, therefore, to be small sacculated aneurisms, evidently allied to or identical with the variety called cirroid aneurism.

After the reading of the paper, Dr. W. W. Keen called attention to the danger of using coagulating agents in such cases, and spoke of a case of traumatic origin he had seen in consultation, in which a few drops of Monsell's solution had been injected into the aneurismal sac, and gangrene had followed, necessitating amputation of the hand. He thought compression of the radial and ulnar arteries would probably have accomplished a cure, and the risks of an operation would have been avoided.—*Med. and Surg. Rep.*, June 24.

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#### RUPTURE OF THE CORONARY ARTERY.

Dr. H. W. LILLY, of Fayetteville, U. S., reports a case of death from rupture of the right coronary artery close to its origin. The patient was a man, fifty years of age, of large frame and healthy look. He was attacked with severe pain in the breast, and on auscultation "a confusion of sounds that took neither the form of defined rales nor of any of the usual auscultatory signs" was heard. The pulse was quick and intermittent every third beat, respiration labored and shallow; countenance anxious. The man soon became worse, with urgent dyspnoea and threatened syncope, and died suddenly four hours after he was first seen. At the autopsy the pericardium was found to contain blood-clots and bloody serum. The aortic valves were studded with vegetations, and the neighboring part of the artery was atheromatous. The right coronary artery was mottled with "small yellowish-white, irregularly distributed, superficial patches." Just above the semilunar valves the degenerating process was more marked, and a rent was found in the vessel, one-sixth of an inch long.—*Gaillard's Med. Jour.*, June.

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#### LIGATURE OF THE INNOMINATE ARTERY.

On June 9th, Mr. William Thomson, at the Richmond Surgical Hospital, Ireland, tied the innominate artery in a man, 45 years old, who was suffering from a large aneurism, involving the second and third parts of the subclavian artery, and three and a half inches in diameter. An ox-aorta ligature, one-sixth of an inch in diameter, was employed, and was passed round the innominate artery by means of the instrument specially devised by Mr. Barwell for the purpose. On the third day the tumor felt firm, and was already diminished in size; the wound remained aseptic, only a small quantity of serum oozing from the drainage tube. On the thirteenth day, the pain, from which the patient had suffered much before operation, had completely disappeared, and sensation was returning to the right arm, which had been paralyzed for several months by the pressure of the aneurism on the brachial plexus. The tumor is smaller and absolutely still, and the wound had entirely healed, except at one point, kept open by a few threads of catgut. The pulse is 98, and the temperature normal.

The result of this operation is of considerable interest, on account of its gravity and rarity. Fifteen cases of the operation are on record, of which only one, that of Smyth, of New Orleans, recovered. In this case there was severe secondary hemorrhage, and it became necessary to ligature the vertebral and internal mammary arteries.—*Med. News*, July 15.

### HEMORRHAGE FROM THE PALM.

Dr. RANDOLPH WINSLOW gives the following as expressing his conclusions from a study of this subject:

1. Hemorrhage from the palm should be treated by ligating or twisting the bleeding vessels *in situ*, when this can be done without undue disturbance of the tendons and other tissues.

2. This being impossible, compression should be applied in the wound by means of a graduated compress of conical cork, flexion and pronation of the arm being also employed, or the hand may be bound tightly over a ball of wood or cord.

3. Acupressure may be used to the radial artery, but it is not safe to compress the ulnar in this way, as the nerve is in close proximity on its inner side.

4. Other measures failing, ligation of the main vessels should be performed.

5. Owing to the frequent anomalies of the brachial artery, it is better to ligate the radial and ulnar immediately above the wrist, than to tie the brachial itself.

6. The hand should be wrapped in cotton wool, fixed upon a splint, and placed in a sling.—*Maryland Med. Jour.*, July 1.

### VARICOCELE.—INTRAVENOUS INJECTION OF CHLORAL.

Dr. ANGELO NEGRETTO reports two cases of severe varicocele which he successfully treated by Porta's method. The first (left side) had existed for over two years, and was as large as a pigeon's egg, the diameter increasing on effort to four and a half centimetres. It caused severe pain and partial atrophy of the testicle. Four injections, each of half a gramme, of choral hydrate were made with a Pravaz syringe at four several points into the covering of the varicocele. A slight grumous exudation from the punctures ensued, and on the following day some signs of orchitis. These were overcome by cold carbolized applications; and, as the upper part of the tumor seemed unaffected, three more injections were practised there. In six days the patient was well, and the varicocele gone. It has not reappeared since. The other case (also left) had existed five years, and was larger and harder than the foregoing, owing probably to repeated attacks of phlebitis in the varicose veins. A slight degree of inflammation along the spermatic cord existing, the patient was first treated with lead lotion. Five injections of chloral hydrate (half a gramme) were administered as before, resulting in great diminution of the tumor. In a week three more injections were given, and the result, with some slight intercurrent inflammation, was complete and permanent cure. The various methods of treating varicocele are so numerous and so little satisfactory in many cases that a new and hopeful one is by no means unwelcome. This of Porta is not widely enough known, though it has the decided merit of being less dangerous than many in current use.—*Gazzetta Medica Italiana.—Practitioner.—Med. Times*, July 29.

### LIGATION OF LARGE VENOUS TRUNKS.

We select the following from a paper read before the Phila. Med. Soc., by Dr. L. S. Pilcher, of Brooklyn, N. Y.:—

If the character of an operation and of the after-management of the wound be such as to make possible primary union of the wound-surfaces, or their preservation from inflammation; if undue violence has not been done to the denuded vein in the course of the operation, no fear need be entertained of the development of phlebitis and extensive and progressive thrombosis within

it. If, however, such favorable conditions cannot be secured, and the vein is necessarily placed at the bottom of a suppurating wound for some time, or in the course of the operation has suffered much contusion, the probabilities of the development of disastrous phlebitis are great. In such cases two courses of action are open to the choice of the surgeon,—the expectant course, which arises from the feeling that it will be time enough to combat the phlebitis when it is actually present, or the anticipatory course, which would ligate the vein at the borders of the wound and excise its exposed portion.

Regarding the question of the ligation of veins. In this we are saved any embarrassment from considerations as to serious interference with the return of blood to the heart, so free are the collateral channels which supplement the great venous trunks of the body; ligation of the internal jugular even is not attended by any permanent inconvenience to the cerebral circulation, as has been abundantly demonstrated by many cases. The chief dangers which are to be apprehended from the application of ligatures to veins are inflammatory in character, being periphlebitis, thrombosis, and suppurative phlebitis proper. This inflammation, when it arises, has its origin in the perivascular connective tissue and in the outer connective-tissue tunic of the vein, and results from the irritation produced by the presence of the ligature. The application of a ligature, according to the traditional methods, always provokes inflammation in its track, while its removal is accomplished by the ulceration of the tissues which it encircles. In the vast majority of cases this inflammation is simple and circumscribed, and serves only to mat together the tissues adjacent to the ligature.

The important point is the use of animal ligatures applied with antiseptic precautions. I hold that by the use of carbolated animal ligatures, and with proper antiseptic precautions in operating, all irritation and inflammation could be prevented in the ligation of a vein, and the primary union of wounds secured. The ligation of veins will be thus robbed of those dangers which depend upon the irritation of their external tunic and of the perivascular connective tissue. The suppression of this element of irritation and inflammation in the reparative processes following the ligation of a vein has been a stumbling-block to many in accepting this method of securing divided vessels, since the agency of adhesive inflammation in sealing up the ends of the divided vessel has been esteemed indispensable. Its absence, therefore, after the application of an animal ligature has been thought to endanger the occurrence of secondary hemorrhage upon the absorption of the ligature. Clinically, however, this theoretical objection has not been found to be supported.

In conclusion, and by way of *résumé*, it may be said that, while the consideration of clinical experience and of the pathological processes attending the traditional methods of ligation had led to the conclusion that the dangers from the use of the ligature were too remote to cause any hesitation in its employment, or to be permitted to embarrass needed thoroughness in the removal of any growth, these dangers were still more minified by the use of animal ligatures under antiseptic precautions.—*Med. Times*, July 1.

### INJURY TO BLOOD-VESSELS IN DISLOCATION OF THE SHOULDER.

Dr. W. KOERTE reports three cases of dislocation of the shoulder, in which reduction was followed by axillary aneurism and this in its turn by sepsis and death. He recommends the following course to be adopted in the treatment: 1. In a case of an axillary aneurism, which has developed rapidly and which may be easily diagnosed, ligating the subclavian artery. 2. In cases in which there has been a moderate exudation of blood, without the characteristic signs of anemia, compression of the tumor and rest to the parts. Should the tumor grow and pulsation and bruit become manifest, also ligation of artery. 3. If the tumor has existed for some time and pulsation does cease even after compression, then incision and double ligation of the wounded artery is the only course to pursue, although not attended by much hope.—*Deutsche Med. Zeitung*.—*Cin. Lancet and Clin.*, July 29.

## ALIMENTARY ORGANS.

## CARE OF THE TEETH.

How few physicians, to say nothing of the general public, ever give much, or, indeed, any, thought to their teeth. When they are afflicted with a twisting, gnawing, grinding toothache, they will off to the dentist's and have the offending little ivory pulled or plugged; but to the majority of mankind dental hygiene is an unknown art. So long as there is no pain, and we can chew our food, all right, matters are well enough, and we almost forget that we possess such appendages as teeth. The dangers of this apathy in regard to these very important portions of our bodies has been appropriately pointed out by Dr. William D. Kempton, of Cincinnati, in a paper on "*Oral Hygiene*," read before the Section on "Oral and Dental Surgery," at the late meeting of the American Medical Association. According to Dr. Kempton, decayed teeth may cause headache, earache, affections of the eye and of the stomach. A case has been reported wherein the diagnosis was made of malignant disease of the inside of the cheek. A small sore, with rough, thickened and hardened edges, persisting for some time, and resisting all treatment, was diagnosed as above stated. An operation was recommended, and the day decided upon.

In the meantime, a surgeon who always made it a cardinal rule to notice small things and upon them to build greater, until he reached his conclusions, examined the patient. With his peering eyes, accustomed to discern trifles, he soon saw a small snag, a remnant, almost invisible, of a former molar tooth, directly opposite this ulcer. He recommended extraction of this irritating little mass, and presto! the malignant ulcer healed spontaneously. This is only one of many cases that could be cited to prove the great necessity for care of the teeth. Many, in fact, most of the cases of foul breath are due to decomposing food, lodged from a meal, in the inter-dental cracks and in the excavations of decayed teeth. In a word, dental hygiene, as far as we know absolutely at present, consists in the two following conditions:—

1. Absolute cleanliness—never fail to thoroughly brush and rinse the *mouth*, *tongue* and *teeth* after each meal.
2. The avoidance of very hot food or liquids immediately after having had something cold in the mouth, and vice versa. These sudden changes will tend to crack the enamel, and thus favor dental decay. Again, when brushing the teeth, one should carry the brush well around the roof, sides and base of the mouth, and over the tongue; in fact, as we have previously said, thoroughly brush the whole mouth, so that any dead and decaying epithelium that may be adhering to these parts will be brushed away. Too much stress cannot be laid on this matter of dental hygiene, and it will be well for all physicians to instruct their patients in the rudiments of the science.—*Med. and Surg. Rep.*, July 15.

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 IODOFORM AS AN APPLICATION TO THE DENTAL PULP.

HAGELBERG, D. S., Berlin, gives the method as follows:—Under simultaneous action of a syrupy solution of colophonium in carbolic acid the carious matter is removed from the dental cavity, and the exposed pulp is carefully and gradually cauterized with the same solution, which requires one to two minutes and entirely relieves the pain, however intense it may have been during the previous manipulation. The cavity is then desiccated as much as possible, and iodoform, in powder or in ether solution, is applied directly upon the cauterized pulp; the cavity is immediately filled with gutta percha after the usual manner.

During three months I have followed this method in forty-two cases; of these seventeen were molars, thirteen bicusps, the rest incisors. Of these last some were filled with cement (*pyrophosphate*) instead of the gutta percha.

Out of all these two bicuspid only manifested pain after the treatment, which, however, was relieved by penciling with iodine; the other cases gave no further trouble.

As a result of this treatment I wish particularly to state that in no instance has it been necessary to use arsenic paste to cauterize the pulp, and I have, therefore, arrived at the conviction that the use of arsenic for that purpose is no longer necessary.—*Berlin Klin. Woch.—Mo. Rev. Med. and Pharm., July.*

### TUBERCULOUS ULCER OF THE TONGUE.

This affection (*Medical Bulletin*, June, 1882,) is of rare occurrence, and mostly in connection with pulmonary tuberculosis. The patient seen was of middle age, whose history differed from that generally laid down, since a careful examination of the lungs failed to reveal any infiltration of the apices. The middle of the tongue is the seat of a granulating ulcer, edges undermined, extending from the base to the apex. Such tuberculous ulcers originating in the tongue primarily may often be confounded with carcinomatous, or more often with luetic ulcers. The differential diagnosis may be established in the following manner: Carcinoma conveys a sensation of cartilaginous hardness, while lues reacts decidedly with potassium iodide treatment.—*Chicago Med. Rev., June 15.*

### EXCISION OF TONGUE.—CRICO-THYROID LARYNGOTOMY.

M. RICHELOT reports a case of laryngotomy performed by opening the crico-thyroid membrane as a preliminary to excision of the tongue and part of the lower jaw for extensive epithelioma, and believes that this method of opening the air passages is in adults less dangerous than tracheotomy, and has many advantages.—*L'Union Méd., June 1, 1882.—Med. News, July 1.*

### RECURRENT PHARYNGEAL HÆMORRHAGE.

Dr. WM. PORTER, of St. Louis, read a paper before the American Medical Association on this subject which consisted mainly of the history of two cases which had come under his notice, in which the bleeding seemed to come from the lungs, with local evidences of pulmonary disease to sustain the verdict; but in neither was this really true, the bleeding coming entirely from the tonsular artery, the lungs not being in the least affected. A great amount of ulceration in the larynx is not necessary in order that hæmorrhage be induced, and this bleeding may occur repeatedly and under such circumstances as to simulate hæmoptysis.—*Va. Med. Mo., June.*

### ADENOMA OF THE VAULT OF THE PHARYNX.

Prof. RYERSON, Trinity Medical College, Toronto, read a paper before the Ontario Medical Association, of which we give the following:—

The differential *diagnosis* between these growths and polypus is important. Thus, polypus is found at all ages, whereas adenoma only in infancy and youth. Polypus causes discomfort in the nose, adenoma none. Polypus rarely causes deafness, adenoma generally does. Polypus appears at the anterior or posterior nares, whereas adenoma is strictly localized to the upper part of the pharynx.

*Treatment.*—To treat these tumors successfully, nothing but removal will avail. It has been proposed to use various caustic substances for this purpose, but their action is uncertain, and in the case of nitrate of silver, only tends to increase proliferation. The galvano-cautery is more satisfactory and has the advantage that there is little hæmorrhage after its use. Jarvis' wire



snare, such as modified by Bosworth, also acts well. But the instrument which I prefer is Cohen's cutting spoons. This instrument is introduced behind the velum, and the mass brought away in portions. There is usually some bleeding, but is never serious. In the case of children, it is generally better to give an anæsthetic. The after-treatment consists in painting the part with Acid tannic, gr. xx.; Glycerine, 3 iij; aq. ad., 3 j, twice a day. At the same time giving syr. hypophos. co. (Fellows') and syr. ferri iodidi internally.

Dr. Ryerson showed the case of a young girl, æt. 9, with pedunculated growths in pharynx. She had the oral respiration, stunted nose and expressionless, "gawky" face in a marked degree. Also a young lady with marked deafness, with a large flattened growth.—*Canada Lancet, July.*

#### ODOFORM IN GASTRIC ULCER.

Dr. M. J. REDMOND (*British Medical Journal*) having observed the rapidity with which external ulcers heal under the influence of iodoform, gave a marked case of gastric ulcer three grains of iodoform three times daily, in pill form. The hæmatemesis which had been persistent up to the use of the iodoform diminished, vomiting ceased, pain and tenderness decreased, and within a month the patient had fully recovered. The patient was a young unmarried woman, so it is possible that there might be an hysterical element in the case.—*Chicago Med. Rev., June 15.*

#### ABSCESS OF LIVER CURED BY ONE ASPIRATION.

A butcher, æt. 29, suddenly attacked with shivering, fever, anorexia, epigastric and lumbar pain, etc., soon followed by swelling in right side, which rapidly increased to the size of the two fists, round, fluctuating, following the movements of the liver, not passing the false ribs. Twenty-six ounces of brownish pus were aspirated without bile or hydatid debris. Palpation then showed a vast cavity in liver. No fever, pain nor reproduction of pus followed and patient was well in three weeks.—*La France Medicale.—Md. Med. Jour., June 1.*

#### LAPAROTOMY IN PURULENT PERITONITIS.

The patient, a young man, aged 21, operated on successfully by Dr. Schmidt for purulent peritonitis, was shown last year in the Medical Society of the Moscow Military Hospital (*Wratsch.*, Nos. 51, 52). Eight months before, he had been admitted into the hospital for recurrent fever. In the hospital he had three attacks, the last being followed by inflammatory fever, the cause of which was not clear. Six months thereafter the patient came into Dr. Schmidt's hands in a very reduced condition, and with a well-marked exudative peritonitis. He decided to open the abdominal cavity, and, under antiseptic precautions, with the patient under chloroform, he made an incision from the umbilicus to the symphysis. On division of the thickened peritoneum, a large quantity of healthy pus gushed out. As there was no sign of decomposition, the cavity was emptied as completely as possible without washing it out with any antiseptic. Two finger-thick drainage tubes were inserted, the wound sewn up, and a strict Listerian dressing applied. The dressing was at first changed daily, afterward every five to ten days. The wound healed without a bad symptom, and, in two months from the operation, the patient was recovered. Dr. Schmidt believes that the cause of purulent peritonitis is the escape of low organisms from the intestine into the abdominal cavity. Such may be the case, but certainly in this instance the explanation by a thrombosis, brought about by the recurrent fever, seems to lie nearer to hand. But however that may be, the case is an interesting and encouraging one, indicating that surgical treatment is justifiable in purulent peritonitis, as it is in empyema.—*Lond. Med. Rec.—Med. News, July 22.*

### PROPERITONEAL HERNIA.

Dr. C. J. ROSSANDER, in *Hygieia* for 1881 (*Nord. Med. Arkiv*) gives a brief account of two cases of properitoneal hernia which he has been able to find in medical literature, and adds a case which came under his notice. The patient, a woman aged forty-three, had, for more than ten years, had a crural hernia, which could never be completely reduced. Her distress at last became so great that she desired to be submitted to operation, which was accordingly performed under strict antiseptic precautions. As, after the sac had been opened, the hernia, which was only omental, could not be reduced, the case was suspected to be one of properitoneal hernia, and the suspicion was confirmed by closer examination. A diverticulum, an inch long, extended upward from the hernia, in front of the peritoneal layer of the abdominal wall. The opening between the sacs having been enlarged, the whole mass was reduced. The anterior and posterior walls of the hernial sac were then sewn together as accurately as possible, and the external wound was closed. A small collection of pus was observed on the seventh day; but it interfered little with the process of healing.—*Lond. Med. Rec.*—*Med. News*, June 24.

### HYPODERMIC INJECTION OF MORPHIA IN IRREDUCIBLE HERNIA.

The *Gaz. des Hop.* refers to some cases of hernia treated by Dr. Philippe, of St. Mandé, which, failing to yield to the taxis, did so promptly to a hypodermic injection of morphia; and it is suggested that, although in certain well-defined cases nothing but prompt recourse to the operation should be thought of, there is in other cases in this procedure a powerful means of action.—*Med. T. and Gaz.*—*Med. Abstract*, June.

### ECZEMA OF THE ANUS.

Dr. J. ASHWORTH, New Point, Missouri (*Medical Brief*, June, 1882,) claims to have had good results in eczema of the anus from a combination of juglans cinerea and Fowler's solution.—*Chicago Med. Rev.*, July 1.

### EXTERNAL HÆMORRHOIDS.

Dr. BLASCHKO, of Berlin, recommends compresses soaked in a one per cent. solution of ergotin, to be applied hourly. Dr. Pasqua, of Florence, gives the following ointment as infallible.

Extr. of belladonna, gr. v; iodoform, acetate of lead, ss gr. i; petroleum jelly, 3i. Make into an ointment, to be applied three or four times a day.—*Druggists' Circular*.

### APPLICATIONS FOR HEMORRHOIDS.

R. Pulv. iodoformi, 3i; pulv. opii, gr. xiv; ungt. petrolei, gr. vi. M. Sig. Apply locally morning and evening after each evacuation, taking care to wash the bowels thoroughly before each application. One drachm of tannin may be added if odor of iodoform is objectionable. The bowels should be kept regulated by the following:

R. Magnes sulph., magnes carbonat, sulphuris precip., sachar. lactis, ss 3 ss; pulv. anis, 3ii. M. Dose.—1 to 2 teaspoonfuls of this powder at bed-time.—(*Sabat.*)—*N. O. Med. and Surg. Jour.*, June.

## URINARY AND GENERATIVE ORGANS.

## SURGERY OF THE URINARY ORGANS.

The recent advances in the surgical treatment of diseases of the urinary organs are the most interesting topics of discussion at the medical societies of London at the present time. Last week at the Medical and Chirurgical Society, Sir Henry Thompson described a case of pedunculated fibroma of the bladder, which he had successfully treated by removal through a perineal incision. The patient was originally under treatment for calculus, and was submitted to lithotrity more than once, but the symptoms were not completely removed; and then, on careful exploration of the bladder, the tumor was grasped, though, as it was coated with phosphatic deposit, it was mistaken for a sacculated stone. Sir Henry Thompson opened up the membranous portion of the urethra from the middle line, and then, after detecting the true nature of the case, removed the growth by twisting it off with a pair of forceps; there was no bleeding to speak of, and the man made an uninterrupted recovery. Sir Henry strongly urged that where it is necessary to open the bladder for diseases other than stone, it is better to open the membranous urethra in the middle line, than do either the "lateral" or suprapubic operation; he insisted that the bladder could be efficiently drained and explored through this incision, that most tumors of removable size could be removed through it, and that it was a far simpler and safer procedure than either of the others. In the subsequent discussion many speakers joined issue with him on this point; Mr. Bryant, Prof. Marshall, and Mr. R. Harrison, for instance, preferring the "lateral" incision. But, of course, the chief point raised in the discussion was the diagnosis of the tumors which are capable of this treatment, from those which are not, the most reliable points in favor of the former being youth and the absence of induration on rectal or vaginal examination. Sir Henry Thompson's case will probably be of great service in drawing marked attention to the subject, and especially in encouraging surgeons in exploring the bladder through a perineal urethral wound, which, he says, can be done so easily and so efficiently. As this operation is practically free from danger, it will probably be used as an aid to diagnosis as much as for treatment.

Three meetings during the present session of the Clinical Society of London, over which Mr. Lister presides, have been devoted to the subject of operations upon the kidney. Nephro-lithotomy, or excision through the loin of a stone from the kidney, has been shown to be a very successful operation if the stone be small, as these calculi often are, and the renal tissue healthy. Mr. Battin and Mr. Beck related such cases, but Mr. Godbe contributed a case in which the kidney was greatly enlarged, sacculated, and each sacculus was filled with a good-sized stone: here excision of the whole organ was attempted but the patient died. Nephrotomy or exploration of the kidney, with or without incision into it, has also proved very useful on many occasions. The operation itself appears to be very free from danger, and in most cases the kidney has been easily exposed. When stone is suspected, a long needle set in a handle, devised by Mr. Barker, is used to puncture the organ in various directions until grating is felt. The incision and drainage of strumous and suppurating kidneys appears to be capable of affording great relief, but as yet has not proved absolutely curative; and at this point a divergence of opinion comes in, some maintaining that in such cases it is better to excise the kidney at once, and others that it affords a better chance to drain the kidney first, and then, when the patient has recovered a certain amount of strength, to do the more severe operation. Further experience is wanted to decide this point; the objection to postponing the excision is that the first operation leads to great induration around the kidney, and increases the difficulty of subsequent nephrectomy.

Nephrectomy, or excision of the kidney, is a very severe operation, and we have just had a series of three fatal cases presented at the Clinical Society; in

one the death was from total suppression of urine, and in the two others a dose of morphia, administered soon after the operation, is shrewdly suspected of having, at any rate, accelerated death. The special point on which there is a good deal of doubt here is, whether it is better to remove the kidney through the loin or through the belly. If the organ is very large, it cannot be excised by a lumbar incision, and it appears probable that the abdominal incision will be found to be the better in all cases. We are not so fearful of opening the peritoneal cavity as we used to be, and the removal of the organ can be proceeded with with so much more exactness and ease from the front than from behind. The best abdominal incision seems to be one made in the linea semilunaris. The small intestines are to be well drawn aside, and the peritoneum cut on the outer side of the colon, and that viscus turned in. If, now, the cut edges of this layer of peritoneum are at once united to the edge of the wound the operation in its further stages becomes extra-peritoneal.—*Med. News.*

### NEPHROLITHOTOMY FOR THE RELIEF OF ANURIA.

DR. O. THELEN, of Cologne, furnishes the *Centralblatt für Chirurgie*, March 25, 1882, with the history of an interesting case of anuria, due to impaction of a renal calculus in the ureter, together with an account of the nephrolithotomy performed by Dr. Bardenheuer for the relief of the anuria. This operation was first suggested, according to Dr. Thelen, by Czerny, and first performed by H. Morris. The patient for whom the operation was undertaken by Bardenheuer had suffered from pyo-nephrosis, which had occasioned complete atrophy of the left kidney and given rise to an iliac abscess which had been artificially evacuated through a free incision. The atrophied condition of the left kidney had been demonstrated by palpation at the time when the abscess was opened. The patient was attacked by anuria and uræmic phenomena, during her convalescence, after the evacuation of the iliac abscess. A catheter was introduced into the bladder, but only a little mucus and a small calculus escaped through it. Acute pains were soon felt in the right lumbar region and radiated into the bladder. The diagnosis of occlusion of the ureter by an impacted calculus having been made, Dr. Bardenheuer exposed the kidney by an incision extending vertically from the eleventh rib to the crest of the ileum. A calculus as large as a bean having been felt impacted in the ureter, the latter was incised and the stone removed. The wound in the ureter was closed with sutures and the wound was dressed antiseptically. This operation was performed on February 9, 1882, and was followed by the free escape of urine through the bandages and the disappearance of the uræmic symptoms. On February 13th the patient had a severe chill, followed by suppression of urine and a temperature of 105° F. The wound was opened, the sutures removed from the ureter and the latter divided, inasmuch as its calibre was much diminished by an oedematous condition of the mucous membrane.

The divided end was attached by a suture to the outer margin of the lumbar wound. On the following day, the urine was again freely secreted. On March 12th the patient was free from fever, the urine was escaping fully through the wound and the latter presented healthy granulations.—*Med. Record*, June 10.

### MOLLUSCUM SEBACEUM OF THE SCROTUM.

JOHN A. OSTERLONY, A.M., M.D., Professor of the Principles and Practice of Medicine in the Kentucky School of Medicine, Louisville, Ky., in a communication to the *Medical Herald*, April, 1882, gives the following interesting report of this rare disease.

Anderson P., white, married, aged thirty-eight, farmer, came under my observation in February, 1882, and gave the following history: His general health has always been good; nothing like this affection was ever known to have occurred in any member of his family. Five years ago he first noticed a

small rounded growth on the right side of the scrotum near its junction with the penis. It steadily but slowly enlarged, and was soon followed by others, and new ones are forming all the time. At first they were very small, hardly perceptible to the eye, and could barely be felt, when pressing the skin between the fingers, but all are increasing in size and, he thinks, at a more rapid rate than at first.

*Present Condition.*—The patient has light hair, blue eyes, a fair, clear complexion, with good capillary circulation; his skin is clean and there are no comedones or other indications of disturbance of the sebaceous glands of the general integument. He is five feet eight inches tall, and weighs only 130 pounds, but his lungs are sound and the pulse is 76; respiration eighteen per minute.

On the anterior aspect and sides of the scrotum are seen a large number of tumors of different sizes—some as large as a big marrow-fat pea, others not larger than a mustard seed. They are most numerous and have attained the largest size near the junction of the scrotum with the penis, where they are seen in groups or clusters, and a number are hid among the hair growing abundantly in this region.

The skin covering these tumors is of a white or pale pinkish hue, and here and there delicate vessels can be traced traversing them in various directions. No trace of the orifice of a duct can be seen in any of them. Some of the tumors are pedunculated, others are sessile, and a large proportion merely present a slight elevation above the surface, the main part of the tumor being lodged in the thickness of the skin, and most of them are freely moveable. They are divided by the median raphe so that sixty are on one side and forty-five on the other. Having removed one of the largest pedunculated tumors with a pair of scissors, my friend and colleague, Professor McMurtry kindly made a microscopical examination of it and found the connective tissue of the glandular wall greatly hypertrophied, and the interior divided into lobules by septa of hypertrophied connective tissue. The contents were composed of a whitish, cheesy mass of unpleasant odor. Under the microscope they were seen to consist of large quantities of epithelial cells, fat and granular debris.

The points of interest in this case are: First, The great number of the tumors; Secondly, Their concentration within such a small space; Third, Their location upon the scrotum, which is a rather unusual site for molluscum sebaceum, being more frequently found upon the face and back; Fourth, The entire absence of similar formations and of any trace of sebaceous disturbance upon the other parts of the body; Fifth, The age of the patient, for molluscum sebaceum, is, as a rule, a disease of infancy and childhood.—*Va. Med. Monthly, June.*

#### ACUTE TRAUMATIC MALIGNANCY AFFECTING THE PENIS.

Mr F., a farmer, was out shooting; and while he was trying to force his way through a hedge a thorn penetrated his trousers and wounded his prepuce, causing blood to flow. He took little heed of it at that time; but a few days later, feeling some heat and uneasiness, he found swelling and irritation about the wound. This rapidly increased, and he then consulted his medical man, who advised certain remedies. The penis grew worse, and the whole glans presented a mass of carbuncular hardness in a short time, and was very painful. An incision into it giving no relief, and suspicion being confirmed on consultation, the penis was amputated, and the growth proved to be epithelioma. This was only a few weeks from the date of injury.—*Med. and Surg. Rep., May 27.*

#### PROSTATIC OBSTRUCTIONS.

Dr. REGINALD HARRISON recently read a paper before the Medical Society of London, in which he advocated the wisdom of early treatment of prostatic

obstruction. He believes that at least 33 per cent. of the men who pass 55 years of age, sooner or later, have enlargement of the prostate. He deprecated the idea of waiting until the prostate became so enlarged as to interfere with the passage of urine. He denied the generally taught idea that this gland is so very sensitive, and so resents mechanical interference; it will bear as much manipulation without resultant evil as any part of the body. He uses gum-elastic instruments, two to four inches longer in the stem than usual, with an expanded portion an inch from the tip, which is made to enter the bladder. Thus the prostatic urethra is subjected to stretching, both upon the introduction and withdrawal of the instrument. If this dilatation is not carried out too rapidly, no irritation will ensue. He closed his remarks by urging, strongly, this early treatment, which, when properly and carefully carried out, will do much to prevent subsequent very serious trouble.—*Med. and Surg. Rep.*, July 8.

### RUPTURE OF THE URETHRA.

Mr. JOSEPH BELL, of the Royal Infirmary (*Edinburgh Medical Jour.*) classifies the different varieties of this lesion as follows:—

First. Rupture behind a stricture of old standing, with a bladder contracted as to its lumen, and hypertrophied as to its muscular coat, acting with force on a urethra dilated behind a nearly impermeable stricture, and probably with coats thinned, sodden, possibly even ulcerated, from contact with putrid alkaline urine.

These cases, being ruptured in the act of attempted micturition, are at once followed by urinary extravasation; destruction to the cellular tissue from the irritating nature of the urine are apt to be followed by rapid gangrene of scrotum and penis, extremely severe constitutional symptoms, and death, unless speedily treated by free incisions.

Second. Rupture may occur in a perfectly healthy individual from an injury to the perinæum (a direct blow) unattended by fracture of pelvis or any other complication. Such accidents are heralded by hæmorrhage from the urethra, which is actually cut through. . . . Extravasation of urine and blood may occur, which free central incisions will relieve. The case will generally recover with a urethra permanently damaged and certain to be affected by a most severe and intractable form of stricture of the membranous portion, which, though limited in its length, is very tight, and sure to recur again and again. Of these I have nothing new to say, but only to state that experience has taught me to avoid cutting and splitting, or any other fresh traumatism, and to trust implicitly to patient, gradual, and constant dilatation.

Third. This is one that is so well known to mining and quarry districts, in which a fall of stone or coal on the pelvis, or a heavy wagon going over the patient, has resulted in one or the other of the following conditions, which I have frequently seen and dissected: either (a) a multiple fracture of the pelvis, generally of the rami of pubis and ischium; or (b) a fracture of pubis with partial separation of sacro-iliac synchondrosis; or (c) one or more fractures in vicinity of hip-joint, with separation of pubic symphysis. All varieties are very apt to be followed by a rupture of urethra in some place, as in No. 2, but having the far graver complication, that is, that it is caused by and in immediate relation to a fracture of pelvis and a consequent laceration of pelvic fascia.

In the last group of cases incisions will relieve tension, and let the blood and urine drain out, but it will not be within the experience of every surgeon here that such cases with all your care prove very serious, and too often die.

Mr. Bell advises the following treatment in such cases: "Never to allow a single drop of water to pass the sphincter vesicæ into the injured urethra for at least ten days." If this can be managed then there is no fear of putrescence of the blood clot around the fractured pelvis; it remains a simple fracture, the lacerated urethra is given physiological rest, no incision need be made into its wall, and hence less risk of subsequent stricture will ensue.

Do not attempt to pass the catheter, but tap the bladder above the pubes by the fine needle of the aspirator, and repeat the operation every eight or twelve hours, according to circumstances, for at least ten days. If this is not practicable tap the bladder by the rectum, and retain a Coeh's cannula, "anything better than to let any urine into and out of the injured urethra.—*Boston M. & S. Jour.*, July 6.

### UNDESCENDED TESTICLE.

Dr. CARSON reported the following to the Medico-Chir. Soc., St Louis:—A young man 26 years of age called at my office. He appeared to be well built and healthy in every way. He presented himself on account of nervous prostration, and in examining him I found that there was only one testicle present. On examining the groin I found quite a large tumor, nearly as large as an orange, and over which he had placed a pad, which he said had been recommended by a New York surgeon, whom he said had told him that it was a hernia. The history of the case was this: There never has been a testicle on the right side; there has always been a lump in the groin; for the last two years he has noticed an increase in the growth until it has reached the size mentioned—about as large as an orange, or a little larger. On examining this enlargement I could detect the enlarged testicle. It may be a sarcoma. The man seems very healthy, and complained of no difficulty in sexual connection or in his sexual desires.

Dr. Pollack saw a similar case; a portion of the intestine had slipped down and formed a large hernia; and as he was a laboring man and had to do a good deal of lifting, it had gradually increased in size. Could feel the testicle very distinctly in the groin.—*St. Louis Cour. Med.*, July.

### HYDROCELE—INJECTION WITHOUT EVACUATION.

Dr. OGIER, Charleston, S. C., writes: On the 20th of April, 1864, without drawing off the water of the tumor, I injected into a hydrocele, with a hypodermic syringe, about thirty drops of strong compound tincture of iodine, thinking that the dilution of the iodine in the fluid of the hydrocele would stimulate the sac sufficiently, and that the next day the water could be drawn off, and the surfaces of the vaginal sac be thus allowed to come in contact. To my surprise, the next day the hydrocele was not half the size; the fluid had been absorbed. Instead, therefore, of drawing off the water, on the 23d I repeated the iodine injection, and on the 26th, though the swelling had been still more reduced, I again threw in the iodine. On the 30th the fluid had disappeared through the vaginal coverings and the testicle itself was thicker and hung down lower than on the side not implicated. He wore a suspensory bag from the third day after the first injection, and I directed him to continue to wear this, making it a little tighter than he had been wearing it. From the first injection this patient experienced no pain or inconvenience, and did not lose an hour from his work.

He had no return of his disease six months after the operation. The cure was therefore complete.

Encouraged by the success of this operation, I have treated successfully eleven other cases.

I have not tried this in very old hydroceles.—*Gaillard's Med. Jour.*

### KRAMERIA IN CHRONIC DISCHARGE FROM THE PENIS.

Dr. LAWRENCE WOLFF uses this drug locally as an injection, or applied upon a steel bougie. As an injection he uses it in the following proportions:

R. Extr. krameria, 3 ss; bismuth subnit., 3 ij; aquæ q. s. ft.  $\frac{3}{4}$  iv. M. Sig. Use an injection three times daily; the injection should be retained two to three minutes.

Upon his bougies he uses a solution of the following proportion:

℞. Extr. krameria, 3 j; water, 3 ss; Glycerine, 3 iss. M.

He anoints a previously warmed large steel bougie with the above solution and passes it into the urethral canal, thus bringing it in contact with all parts of the passage.

The good results of the treatment in his hands prompted him to publish his results so that it may receive extensive trials.—*Med. Bulletin, July.*

### KALIUM BROMIDE IN CHORDEE.

Dr. COMBILLARD (*Courier Médical*) claims good results in gonorrhœal chordee and priapism from the injections of potassium bromide. He used the following formula: ℞. Kali bromide, 3 jss; tr. opii, 3 ss; glycerine, 3 ij; aquæ, 3 v. M. The injections were given four times daily, the last just before bedtime, the liquid being allowed to remain one or two minutes in the urethra. In fifteen out of twenty cases the priapism and chordee soon diminished and thereafter very rapidly disappeared.—*Chicago Med. Rev., July 1.*

## SYPHILITIC AFFECTIONS.

### CHANCRE OF THE LIP AND EPITHELIOMA.

By R. CLEMENT LUCAS, B.S. London, F.R.C.S., Senior Ass't Surgeon to Guy's Hospital.

Two cases illustrating the resemblance which these two affections often present have lately been attending on the same day, and a careless observer having regard only to the local disease, and ignoring the history and age of the patients, might easily have fallen into serious error. Nor is the diagnosis always easy when no fact is omitted which might influence the conclusion; but in the two cases before us, despite the similarity in appearance, there is corroborative evidence in each case which leaves no doubt as to the nature of the disease. One patient is a man about thirty years of age and unmarried. He has a thickening of the edge of his upper lip slightly to the right of the center. In the middle of this thickening there is a superficial abrasion upon which the secretion and epithelium cake and scale. The whole lip is a little swollen, but if you pinch it between your finger and thumb you feel a hard circular rim to the sore about the size of a sixpence.

Now look at the other man. He is a respectable married man, upward of fifty years of age. He has a superficial sore on his lower lip to the left of the median line. The surface is almost exactly similar to the other man's sore; it is cracked, and has a tendency to scab and scale. It too has a thickened rim, but if you pinch it you find the resistance less than in the other case; but so similar are the sores, that if their positions could be changed I do not think you would be able to distinguish one from the other. Yet one is a cancer, the other the initial stage of syphilitic infection. How, then, can one distinguish them? First, the age and state of life make it probable that the young man's sore is a chancre and the old man's an epithelioma; but thirty is not too young for epithelioma, nor is fifty proof against syphilis, although with age impetuosity yields to discretion. Epithelioma below thirty-five is very rare. Last year I operated upon a man aged thirty-eight for a cancer recurrent in the cheek and the glands of the neck, which had been operated on some time before in the country; but this is an exceptional case, and the age is of the greatest importance in aiding our diagnosis. Cancer occurs at the time when the tissues begin to wear out, and epithelioma especially is almost always traceable to long-continued irritation.

Next, the position is a distinguishing mark in these two cases, for epithelioma is rare upon the upper lip. The position of the sore on the old man's



lip is almost characteristic; it is just opposite the notch in his teeth made by his pipe. Further, he confessed to having always smoked an unwaxed clay. If mere contact with porous clay is sufficient, after years, to set up cancer, you would conclude that there should be a corresponding sore on the upper lip; but the lower lip suffers most, for owing to the weight of the bowl the lower lip is pressed upon as well as rubbed.

A chancre may occur upon either lip as it results from the virus having come into contact with a chance crack.

The time during which the disease has been developing is another most important consideration in determining its character. The old man states that he has had ulceration, more or less, for five years, but that it is only during the last few months that the lip has caused him inconvenience. The other man counts his trouble by weeks, and gives six weeks as the time he first noticed the sore. Five years is an exceptionally long history for so small a development of epitheliomatous character all this time. It is probable that had he left off the irritating cause two or three years ago he might have escaped from the disease from which he is now suffering, for doubtful ulcers distinctly traceable to local irritation will often heal when relieved of the exciting cause. It is now about two years ago since I saw in consultation with Dr. Orton, of Kensington, an old gentleman who had been condemned by another surgeon for cancer on the inner side of his left cheek. He was suffering from an ugly looking ulcer with thickened edges, very like an epithelioma, but on inquiring into the history we found it had not been noticed more than six weeks or two months, and immediately opposite it we found a tooth stopped with an irregular amalgam stopping. It was clear that the ulcer was excited by the tooth, and I suggested that the tooth should be extracted, after which the ulcer completely healed. Had, however, the irritating cause been allowed to remain for months, it is highly probable that the sore in this old gentleman might have taken on an epitheliomatous character, and the medical man who first saw him would then have been correct in his diagnosis. Thus the time is of great importance in separating an epithelioma from a simple ulcer and from a chancre.

There is a stage in both affections when the glands under the jaw will be found enlarged, and I remember two patients came last year with sore lips, both with short histories and enlarged glands, and I refused to give a positive diagnosis till I had had an opportunity of watching them. One of these developed a syphilitic eruption during the following week, whilst the other proved to be suffering from an epithelioma growing much more rapidly than the one we have now under consideration. Time will always settle the diagnosis, for it is seldom, unless the patient takes mercury, that the eruption of syphilis is delayed beyond two months. The man before us with a chancre has now on his arms and trunk a few brownish papules which place the diagnosis beyond all doubt.—*The Practitioner*.—*Louv. Med. News*, June 17.

#### MALIGNANT DISEASE VERSUS SYPHILIS.

Dr. PATTERSON, of Glasgow (*British Medical Journal*), writes as follows regarding Malignant Diseases *vs.* Syphilis:—Every surgeon, I am sure, reads with pleasure and profit anything from the pen of Mr. Jonathan Hutchinson. In the *Journal* of March 4th he refers to the clinical differences in character of malignant disease, according to its seat. Referring to certain cases of cancer of the skin of the trunk, it is stated that "In all, the ulceration progressed slowly during many years, caused but little pain, and produced no gland disease." Further on: "The disease of which I speak is most intractable, and, as far as I have observed, recurs immediately after removal." Reference is next made to an interesting case, in which Mr. Hutchinson twice removed the ulcer by the knife, and three or four times by caustic, but without benefit. "As soon as the sore was nearly healed, it recurred."

May a provincial surgeon be permitted to give a case in many respects parallel? Some years ago, a man aged 45, suffering from epithelial cancer of the scrotum, sent for an eminent surgeon, for the purpose of having it

removed. The operation was well performed. No one who saw the case had the slightest misgiving regarding its nature, but, as a formal matter, the diseased structure was handed to a practised microscopist in the neighborhood, who stated that it was epithelioma, without doubt. When nearly healed, it recurred, and was removed again, only to begin to spread when almost completely well. A third time it was taken away, with a like result. At the fourth operation, the testicle, which now appeared to be implicated superficially, was removed. When cicatrisation was all but perfect, the surgeon left town for his holidays, and shortly afterward the patient's medical attendant requested me to perform the fifth operation, as the disease was spreading again. Having the history of the case before me, in a hopeless, half-hearted sort of way I cleared away the diseased tissues as carefully and completely as possible with the knife, and watched the healing process with much interest. Matters progressed very favorably until the healing line was reached, when once more the ulceration began. Such conduct in a chimney-sweeper's cancer appeared to me unique. I saw that operating again was useless, and I stood pondering at the bed-side, my eyes rested on the shining bald head of the patient. As a random shot, the question was put as to when his hair first came out. He said his hair began to fall soon after he joined the service, more than twenty years ago. The answer gave the clue. Iodide of potassium was prescribed, when the wound rapidly and perfectly healed, and has so remained.

Last year a lady, aged 60, came to consult me regarding an ulcer on the left side of her nose. She had been recommended by her medical attendant, whose card she brought, to see me regarding removal by operation. The sore, she said, began about two years ago, as a small scab or flattened wart, and continued to increase in size slowly and without pain since that time. The ulcer was now about five-eighths of an inch in length by half an inch in breadth, throwing out little discharge, and surrounded by an elevated, clear, glistening border. As she was accompanied by a friend, few questions were asked, and I simply stated that it might be prudent to defer operative interference in the meantime. The patient was given a prescription for tertiary syphilis, requested to use the medicine for six weeks, and then return. She did so, and the sore was completely healed. This was apparently a small rodent ulcer, with a syphilitic origin. We are, probably, yet far from thoroughly understanding the multifarious ramifications of syphilis.—*Canada Lancet, July.*

### SYPHILIS IN OLD PERSONS.

QUINQUAUD has made an exhaustive study of the course taken by syphilis when it occurs in persons in advanced life. He finds that the incubation and duration of the chancre, as well as of the lymphatic ganglionic engorgement, are longer than in middle life. It is the same with the later symptoms, and as Quinquaud says: "Syphilis acquired after the age of sixty is a drama, the successive acts of which are slower in their development than those of syphilis acquired in early life."

As to the prognosis of syphilis in old persons, the secondary and tertiary manifestations may be as severe as, or even more severe than, those of youth or adult age. Sigmund asserts that nutrition being less active in the aged, syphilitic manifestations should be less severe, but Quinquaud's experience shows that visceral and other lesions of extreme gravity may occur in syphilis contracted in such persons as well as in the young.

As to the localization of the lesions, these are different from those ordinarily observed in the adult. After the age of seventy the pharynx is rarely affected, the scalp and hair are commonly spared, and the gums are more apt to escape the effects of mercury.

Two marked characteristics display themselves in the early syphilitic eruptions of the aged: 1. Their resistance to therapeutic measures; 2. Their tendency to relapse.

Cutaneous gummata are found in the aged during the early period of syphilis, just as they are sometimes found in the adult. They may occur, 10

to 15 at a time, scattered over the body, are from pin-head to small pea size, partly buried in the skin, with very little color at first, and tend to break down in the centre, leaving a little crater-like cavity or a crust, which often causes them to be mistaken for pustules.

Early malignant syphilis is not very rare in old persons. When it does occur it is extremely rebellious to treatment and relapses are common.

Nervous disturbances of a severe character may occur even at an early period in the evolution of the disease. Delirium and other intellectual disorders, even aphasia, are most frequent. Paralysis may occur, but in the earlier period of the disease these affections are amenable to the mixed treatment. Nervous troubles occurring at a later date are very rebellious to treatment.—*Annales de Dermatologie et de Syphiligraphie, Paris.*—*Arch. Derm.*

### SYPHILITIC PERIOSTITIS.—THE BISTOURY AND HYPODERMICS.

Clinic of JOHN V. SHOKMAKER, A.M., M.D., American Hospital for Skin Diseases, Phila.

W. O., age 35 years, is suffering from syphilitic periostitis of the metacarpal and phalangeal bones of the left hand. In him I wish to demonstrate to you the process of cure as it is taking place, by the use of hypodermic injections.

Now, it will be of great interest to you to know the history of this case, with the history of the treatment; and I brought him before you for this purpose, and also to show you the extent of the disease. The difficulty in the hand began last July; previous to this he had evidences of syphilitic sores on all parts of the body, and presented evidences of scars where the syphilitic sores were. After being under the treatment of several physicians he applied at the Hospital for relief. At this time I found the hand and fingers enormously swollen, covered with tubercles, some in the process of formation and others in the process of ulceration, and, upon examination, I found gummy deposits were formed along the course of the metacarpal and phalangeal bones. He had received treatment of all sorts and varieties, and when he came to me, with the parts so enormously swollen, I immediately plunged a bistoury into the inflamed and swollen mass, down to the bone, to relieve tension, deplete the parts, and give vent to the accumulated pus. The operation gave him immediate but only temporary relief, and he soon returned to me, and I, from time to time, made use of the bistoury, without any decided and permanent benefit, until at last I began the use of the hypodermic injections, with the result you see here: The inflammation has subsided, the infiltration has become absorbed, and here you see him come back almost cured.

In conclusion, I would advise you to use this method of treatment in your practice.—*Med. and Surg. Rep.*, July 29.

### SUBPREPUTIAL CHANCRE, COMPLICATED WITH PHYMOSIS.

In cases of subpreputial chancre, complicated with phymosis, it has not generally been considered good practice to perform any cutting operation for the purpose of retracting the prepuce, for fear of exposing a wounded surface to the chancrous virus. Aubert proposes a method of performing circumcision in these cases, by means of which, he claims, the supposed danger is entirely obviated. He first has the penis and all neighboring parts with which it may come in contact (scrotum, abdomen, and thighs) thoroughly washed and bathed in a solution of carbolic acid. The penis is then drawn through a small aperture in a sheet of gutta-percha paper, which is intended to receive the blood or discharges that escape during the operation, and can afterward be easily cleansed. The patient is anesthetized, and all the chancres in view are lightly touched with the actual cautery. Next, a small slit is made in the rim of the prepuce, just sufficient to enable the foreskin to be retracted. The exposed glans is then cleansed, and all the subpreputial sores are superficially cauterized. With hands and instruments all carefully cleaned,

the operator then proceeds to perform circumcision in the ordinary manner, and the wound is brought together by means of the usual thread sutures. In six cases reported in which this method was practiced the result was perfectly successful—union taking place by the first intention. [It occurs to us that the thread sutures might with advantage be replaced by *aerres fines*.]—*N. Y. Med. Jour.*, June.

### ALBUMINATE OF MERCURY IN SYPHILIS.

Mr. H. W. WHITE, in the *Glasgow Medical Journal*, May, 1882, relates the histories of four cases of syphilis which occurred in the Glasgow Royal Infirmary, and were treated with albuminate of mercury. In all of the cases secondary syphilis was clearly present, and they all improved rapidly and were discharged well, the first case in about forty-five days, the second in less than a month, the third about twenty-five days and the fourth nearly two months. In this last case there was syphilitic iritis and loss of sight, with an eruption of psoriasis on face, neck and back. He was at first treated with bichloride of mercury and iodide of potassium, but seemed to get worse, when the injections of albuminate of mercury were resorted to, and he immediately commenced to improve, but, unfortunately, was compelled to leave the infirmary when he had received but seven injections, and before a cure had been effected. In the first case thirteen injections, equivalent to 1½ gr. of the bichloride of mercury, were given, when, owing to commencing soreness of the gums, it was stopped and iodide of potassium with infusion of quassia substituted. The second case, received six, one each night, when the iodide was substituted. The third received a total of six injections, each one containing ¼ gr. of the bichloride. The solution of the albuminate was injected deeply into the deltoid muscles, and no abscess or suppuration resulted. It was freshly prepared every day, by dissolving 2 grs. of the bichloride of mercury in 3 j of water; to this a solution of one part white of egg to two parts water was added, until all the mercury was precipitated as an albuminate; a saturated solution of common salt was then added, drop by drop, until the precipitate was dissolved, and the solution made up, so that 5 minims contained ¼ gr. of the bichloride.—*Med. and Surg. Rep.*, June 10.

### GLYCERINUM BORACIS, FOR CHANCRES.

In the *Lancet*, Dr. George Thin relates some very interesting and valuable results derived from the use of the glycerinum boracis in the treatment of chancres. In the first case he describes, a man infects his wife, and for some time no treatment was resorted to. The sore continues to enlarge, and is finally cauterized several times, but without avail, and when Dr. Thin first saw the case, he found a sore, the size of a dime, on the side of the vagina, covered, except at the edges, with a black, sloughy-looking mass. The sore was kept constantly bathed in glycerinum boracis; the inflammatory action subsided, the surface became clean, and the ulcer healed without a bad symptom. While this treatment was going on, a little vesicle appeared on the fourchette, which burst and left a small chancre, which did not spread laterally, but eat down into the tissue for at least a quarter of an inch. The channel was plugged with cotton wadding soaked in glycerinum boracis, and it immediately commenced to heal from the bottom and was soon well.

In the second case there were four chancres on the glans penis, and phimosis supervened. Zinc ointment and black wash were applied, but the inflammation increased. Painting with tincture of iron improved them a little. Subsequently caustic was applied, which greatly increased the inflammation. Dr. Thin saw him two months after the chancres were first contracted, when he had phimosis, with considerable pain and swelling, and it was impossible to retract the foreskin sufficiently to see all the sores. One was seen to be covered with a dirty gray, membranous-looking substance. He was directed to insert, with a blunt probe, pieces of lint soaked in glycerinum boracis, so

as to keep the glans and inner surface of the prepuce completely bathed in the solution. Five days afterward the foreskin could be retracted completely, and all the sores looked healthy, and within ten days they were well.

The third case was very similar. He used this remedy, on the ground that if the poison keeping up the inflammation was of a parasitic nature, it might be destroyed by the antiseptic properties of borax. His results were so satisfactory, that he proposes in the future to give it a trial in hospital gangrene.—*Med. and Surg. Rep.*, July 1.

### TUBERCULAR SYPHILODERM OF NOSE.

Clinic of Professor DUNNING, Philadelphia.

The next case is that of a woman, about forty years of age, who has been under treatment two weeks for a tubercular syphiloderm. The lesions occupy both sides of the nose, extending somewhat upon the cheek. They are broken down and are in a state of involution; they are, however, still much swollen, indurated, of a reddish, violaceous hue, clearly outlined against the surrounding healthy tissue. You notice, also, on the nose, two or three characteristic bluish cicatrices. The history of the case does not concern us, aside from the appearance of the secondary symptoms. She has had the skin disease, she says, six or eight months. It has improved markedly under the treatment we have given her. Internally she has had the following:—

R. Patassii iodidi, 3 ij; hydrargyri biniodidi, gr. iss; tinct. cinch. comp., f ʒiv. M. Sig. One teaspoonful, with water, after each meal.

Locally, we used, for the right side of the nose, an ointment composed of equal parts of vaseline and oleate of mercury, of thirty per cent. strength. On the left side we used ammoniated mercury, thirty grains to the ounce of vaseline. As you can see, the ammoniated mercury has proved the most valuable by far in this case. The treatment will be continued.—*Med. and Surg. Rep.*, July 17.

### AFFECTIONS OF THE EYE.

#### DACRYOLITHS.

Concretions formed by the deposit of the saline elements of the tears, are but rarely observed. Dr. H. G. Cornwell (*American Journal of the Medical Sciences for July, 1882*), reports the case of a man, aged forty-six, who complained of an interference with the escape of the tears from the left eye, which had annoyed him for ten years. An examination revealed lachrymal conjunctivitis, the lachrymal punctum slightly everted, its orifice of normal size and the walls of the canal somewhat thickened. No accumulation of tears in, or any evidence of inflammation of the lachrymal sac. Suspecting a stricture of the canaliculus this passage was slit up by means of a delicate pair of scissors, one blade of the instrument passing readily through the canal without obstruction. On the following day on attempting to separate the edges of the incision in order to prevent their union by means of Bowman's probe held vertically, the instrument struck a gritty substance which proved to be one of four dacryoliths which were arranged bead-like along the floor of the canal. The canal itself after their removal was found to be much enlarged as a result of this calcareous deposit.—*Chicago Med. Rev.*, July 15.

## ELEPHANTIASIS OF LID.

TEILLAIS reports (*Arch. d'Ophth.*) a rare case of elephantiasis of the upper lids of both eyes of a marked degree in a woman, aged seventy-five, which he removed successfully. Both eyes were completely concealed from view by the tumors, which measured on the left side twelve centimetres long by nine wide, and on the right side seven centimetres long by six wide. After three days of continuous compression there was a perceptible softening of the tumors and a slight diminution in size. After one or two futile exploratory punctures with a Pravaz syringe, Teillais finally succeeded in withdrawing two syringefuls of a slightly thready liquid of a lemon-color, which soon coagulated. He proposed first to remove the tumors, and, then, if possible, to restore the upper lids. On the left side he made a circular incision parallel to the eyebrow and about half a centimetre below it, which, carried backward, comprised a part of the distended conjunctiva. He then divided completely what passed for the pedicle or narrowest part of the elephantiasis. He then reunited the conjunctiva, which remained attached to the palpebral lamina, by eight sutures. On the right side he operated in the same manner. The result was excellent on both sides, though with the formation of a slight ectropium on the left side. Under the microscope the preparations proved to consist of dense layers of connective tissue, which were densest near the skin. In the midst of these fasciculi were seen groups of striated muscular fibers, blood-vessels, lymphatics, and nerves. The arteries showed all the signs of chronic arteritis ending in sclerosis. The lesions of the veins was a little different, and consisted in the production of a thick coat of embryonic cells around the vessel.—*N. Y. Med. Jour.*, July.

## EYE AFFECTIONS FROM MALARIAL POISONING.

The most frequent lesion (*Kipp, Trans. Jersey Med. Soc.*) is a superficial ulcer of the cornea, usually of one eye only, always with severe pain in and around the eye, photophobia and lachrymation. The first stage of the ulceration is an opaque linear swelling, with injection of the adjacent cornea; the central portion sloughs off, and though in favorable cases the ulcer spreads no farther, a progressive destruction of the superficial corneal layers may follow. In either case the reparative process is extremely slow. Other affections of the eye which have been noticed to occur in connection with malarial fevers, are diseases of the uveal tract, hemorrhage into the vitreous body, retinal hemorrhage, optic neuritis, partial or total loss of vision of one or both eyes, without visible changes in the ocular strictures, and, therefore, presumably dependent on disturbances in the nervous centres. Such conditions are referred to in the writings of Macnamara and others quite well-known to the surgeons of India.—*London Med. Record.*—*Id. Med. Jour.*, July 15.

## TUBERCULOSIS OF THE EYELID.

Dr. GÉRN-ROSE (*Bulletin Générale de Thérapeutique*) has recently reported a case of tubercle of the eyelid. The patient had had hæmoptysis, and had been treated for phthisis, of which other than certain laryngeal troubles he presented no symptoms. After an interval, the patient again came under observation. On laryngoscopic examination, the vocal cords were found to be tumefied, but not ulcerated. There was loss of resonance at the left apex, and an arthritic trouble of the left elbow joint existed. The right eye became later red and inflamed, with profuse lachrymation, and was found to be the seat of tubercular ulcerative conjunctivitis.—*Chicago Med. Rev.*, June 15.

## MYXOMA OF OPTIC NERVE.

PONCET describes a case of myxoma of the optic nerve in a young girl, aged sixteen, in whom the eye was replaced by a tumor as large as an orange. The lids were enormously distended, and firmly adherent to the tumor. At the center there was still a vestige of degenerated cornea, surrounded by a thickened conjunctiva, like parchment, adherent all round to the margins of the lids. There was a certain mobility to the tumor, which was not very firmly adherent to the orbital walls. The growth dated from the patient's third year, and at the age of ten vision was entirely destroyed. The tumor developed slowly and painlessly, and there was a certain amount of fluctuation. An attempt was made to remove the entire mass as it was; but, this being found impossible, a trocar was introduced, and a large amount of yellowish, transparent liquid withdrawn. This caused a notable collapse of the tumor, which was then removed without difficulty. The orbital cavity was found to measure seven centimetres in its antero-posterior diameter. The tumor was found to be a fasciculated myxoma, developed probably from the endothelial cells in the fasciculi of the optic nerve, or cells of the neuroglia, and Poncet therefore calls it a myxomatous neuroglioma.—*N. Y. Med. Jour.*, June.

## DISLOCATION OF THE LACHRYMAL GLAND.

Dr. SIMEON SNELL reports the following unusual case. On March 7, he was consulted by a tradesman, aged 45, in consequence of a "lump" he had noticed in the left upper eyelid. It had first been observed a week previously, and he had later on seen his own medical attendant, Dr. Bourke. The swelling he mentioned was now distinctly visible, but was particularly noticeable to the touch. Situated in the upper eyelid at its external part and coming under the frontal bone, it was felt beneath the strictures of the lid as about the size of an almond. It could be pressed between the fingers, but readily slipped back into the orbit; its surface felt more smooth than irregular. Pressure caused it immediately to recede into the orbit beneath the frontal bone, but after depressing the head it was found to be visible in the lid. This he had himself observed before, and after several attempts to replace it, he had always found on bending the head downward that it had reappeared. He complained of it as causing him discomfort, which manipulation increased.

On the night before the first appearance of the substance in the lid the patient had gone to bed ailing nothing, and had detected it on rising in the morning. He had during the night been coughing a good deal.

The same side of the head is marked by a large venous subcutaneous nœvus, which extends to the eyebrow and apparently passes into the orbit. The man is a free drinker, and is frequently laid up in consequence.

The question as to what the "lump" was did not present any great difficulty. Its situation, size, and feel suggested directly its being the lachrymal gland displaced, and this, it may be added, was the diagnosis formed by the medical man by whom the patient was first examined.

It was decided in the outset to see what effect compression would have in keeping the gland replaced. A few days later the patient came for the purpose of commencing this treatment, but for some reason or other desired to postpone wearing a "pad" for a short time. At this visit, however, the gland was pressed well back with the finger, and kept replaced. He left without its having reappeared. Being soon afterward laid by with one of his attacks of illness, he did not again come until five or six weeks later. The swelling in the lid was then no longer visible, and he asserted that it had not appeared since his last visit, and that he had lost the sense of discomfort previously complained of.—*Ophthalmic Review*, June, 1882.—*Med. News*, June 24.

### DIPHThERITIC CONJUNCTIVITIS TREATED WITH QUININE.

In the *Lancet*, Dr. JOHN TWEEDY records four cases of pseudo-membranous (diphtheritic) conjunctivitis, in which he derived most satisfactory results from the local use of a solution of quinine. Three of the four cases occurred in men and one in a woman. Two began as purulent conjunctivitis, of gonorrhoeal origin, and two were pseudo-membranous from the first. As soon as the nature of the disease was definitely recognized, all other treatment was stopped, and quinine lotion, containing four grains of sulphate of quinine, with a small quantity of dilute sulphuric acid (to effect a solution), to an ounce of water, was alone used. As far as possible the diseased surfaces were kept constantly bathed with the solution, the conjunctival sac being converted, as it were, into a trough, holding the quinine lotion. A bowl of the solution was put within reach of the patient, who was directed to wash the eye frequently, and in the intervals a well soaked compress was kept constantly applied. The house surgeon visited each case three or four times a day, when he would evert the lids and thoroughly cleanse the conjunctival sac with the quinine lotion.

The superficial, disintegrated portions of the exudation were then gently removed with wet lint, care being taken not to aggravate the inflammation by rough handling, or by rude attempts to tear off the false membrane. Usually the quinine lotion was iced. In two cases the local application of powdered sulphate of quinine was tried at first, or sulphate of quinine rubbed up with an equal part of calomel; but in addition to causing great pain, the powder did not seem to be as beneficial as the quinine in solution, and it was soon abandoned. The virtues of quinine he believes to be specific in the diphtheritic exudation. Three of the cases recorded were at first treated by frequent ablutions, with a five per cent. solution of carbolic acid, and in every instance the pseudo-membranes rapidly spread under these applications, whereas they were immediately controlled by the quinine lotion.—*Med. and Surg. Rep.*, July 15.

### INJURY TO THE EYE BY SPIRITS OF AMMONIA.

Dr. A. A. DAVIDSON, Milan, Tenn., writes:—I see in the last number of the *Record* an account of a lady losing her eye by the explosion of an ammonia vial. About three months ago I received a box of drugs from Memphis, opened it and took out a bottle of aqua ammoniæ and put it on a shelf in my office, and it had a rubber cork in it, which excited the curiosity of my little boy, aged seven years. He took the bottle down, and the stopper flew out, and the liquid flew in his right eye and over his face. I was a few hundred yards from the house; was summoned to come to him in great haste—found him suffering intense pain, and bathing his eye with cold water, I opened it and found the conjunctiva very red and swollen. As I had been a practicing oculist for twenty years, I set about applying remedies. The first thing I did was to drop in a solution of sulph. morphia to give ease; next I used atropia, two grains to ounce, two or three times a day; kept him on this prescription for several days; also used cloths dipped in tea water, on the lid, alternated with mucilage of slippery elm bark.

The most severe and intense photophobia came on immediately, in both eyes, so much so that I was not able for three days to see their actual condition. His eye was very much swollen and exceedingly tender. On the fourth day he was able to open his eyes a little, from which time he recovered rapidly, with no bad results.

I think the prompt and active treatment saved his eye. His face was not damaged.—*So. Med. Record*, June.

### RUPTURE OF EYEBALL IN ITS POSTERIOR HEMISPHERE.

CHISHOLM, of Baltimore, reports two cases of rupture of the eyeball in its posterior hemisphere from blows—a rare accident. The first was that of a



man, aged twenty-seven, who was struck on the left eye with a chair. He was knocked down insensible, and had his nose and eyebrow badly cut; the eyeball protruded, the lids were very much swollen, the conjunctiva was much discolored with blood extravasation, and was chemotic. The anterior chamber was full of blood, there was no perception of light, the tension was much reduced, and there was no wound or laceration of the anterior half of the eyeball. Laceration of the posterior hemisphere of the sclera was diagnosed, and the eye was enucleated. The orbital tissue was found filled with blood, and a large rent in the outer wall of the sclera, in the posterior hemisphere, was discovered, between the insertions of the external rectus and oblique muscles. The second case was that of a man, aged twenty-three, who was wounded in the right eye by a pistol-shot. Vision was destroyed at once, and there were present all the symptoms of the preceding case, and no injury to the anterior hemisphere of the eyeball. On enucleation the eyeball was found full of coagulated blood, its normal contents having escaped through a large rent in the upper part of the ball, extending backward from the insertion of the superior rectus tendon. The laceration seemed to have started from the point at which the blow impinged, and the tendon of the muscle restricted the laceration to the posterior hemisphere of the eyeball, and prevented the wound from being seen when the eye was examined before operation.—*N. Y. Med. Jour.*, July.

#### PILOCARPINE IN DETACHMENT OF THE RETINA.

Dr. EUGENE SMITH, in his report of the Eye and Ear Department of St. Mary's Hospital, Detroit, says: "During the past year I have had opportunity to test the use of pilocarpine or jaborandi in five cases of detachment of the retina. Success has followed its use in three cases, and slight improvement in two, and we have at last found a remedy for many cases of what was till recently considered an incurable condition."—*Med. Record*, July 29.

#### PURULENT CONJUNCTIVITIS.—IODOFORM.

Dr. KARL GROSSMAN, Stanley Hospital, Liverpool (*Ophthalmic Review*), considers iodoform to be of the greatest value in purulent conjunctivitis, both of simple and virulent nature. He makes use of a very fine powder, and dusts it upon the conjunctiva of the everted lids. He also advises its use as an antiseptic dressing in ophthalmic surgery. Its very slow and slight solubility makes it probable that a small quantity is sufficient for twenty-four hours, and thus the bandage may be left on the operated eye for an equal period, or even longer.—*N. Y. Med. Jour.*, July.

#### BORACIC ACID FOR GRANULAR LIDS.

Dr. JAMES L. MINOR says (*Va. Med. Monthly*) that he has found boracic acid powder a most excellent application to granular lids. It is used as follows: The lids being thoroughly everted, the powder is spread freely over the whole conjunctival surface with a camel's hair brush. The acid is generously applied, and mixing with the discharge from the lids, it readily gains access to the cracks and crevices between the granulations, and thus comes into direct contact with the entire surface upon which it is intended to act. The immediate effect is to increase lachrymation and to cause a burning, gritty sensation, with some pain. These symptoms usually pass off within ten minutes, and are followed by an amelioration of all the symptoms which existed before the application of the acid. The granulations may look less gorged and prominent, but he has not been able to discover much change in the naked eye appearance of the conjunctiva after one application. The powder was used three times a week. The improvement is so gradual that it is almost imperceptible as it progresses, but Dr. Minor has derived more satisfactory results from the use of this powder than from the ordinary caustic or astringent applications.—*Med. and Surg. Rep.*, July 22.

## MAGNET FOR REMOVING PARTICLES OF IRON FROM THE EYE.

Dr. CHISOLM exhibited to Baltimore Med. Soc. an instrument devised by Dr. E. Gruening, of New York, for removing particles of steel, etc., from the eye. It consisted of a combination of magnets with a pointed extremity to be introduced through the opening made by the foreign particle. The latter would be attracted to it at a distance of  $\frac{1}{4}$  inch. Dr. C. had removed with it a particle of iron, which had penetrated beneath the conjunctiva, and which could not be easily seized with the forceps.—*Md. Med. Jour.*, July 15.

## ULCERS AND OPACITIES OF CORNEA.

Scrofulous ulcers, as well as opacities of the cornea, are best treated by iodine internally, and the careful instillation of a weak solution of atropia three times per day—say 1 gr., 4 oz. of water.—*Kansas Med. Index*, July.

## AFFECTIONS OF THE EAR.

## INFLAMMATION OF THE EUSTACHIAN TUBE.

In a recent lecture, Dr. Geo. Strawbridge, Phila., gave the following:—

The indications in the treatment are: first, the arrest of the inflammation; second, the management of the Eustachian tube; third, bringing the drum-membrane back into its proper position; and fourth, to dispose of the products of inflammation.

First, arrest of inflammation: If there is a feeling of fullness and pain in the ear, and signs of hyperæmia are present, apply a leech every one, two, or three days for a week or ten days. A blister behind the ear is sometimes useful. Tincture of iodine on the mastoid often does well. Painting the drum membrane with a solution of silver nitrate. (He has used an eighty-grain solution with good results.) The ear should be protected against cold. The second indication is met by spraying the throat, the upper pharyngeal space and the nares if necessary, with a solution of silver nitrate (5-80 grains to the ounce), or carbolic acid (1-2 drams to the pint of water). The remedy will be a little more effective if applied directly against the mouth of the tube. The Eustachian catheter or Strawbridge's faucial catheter may be used. The solution must not be used too frequently, and care must be taken not to throw it into the tympanum. A 20-80 grain solution of silver nitrate is quite proper to use.

To restore the drum membrane to its proper position, and to open the tube, inflation is indicated. The simplest means of doing this is to use a flexible tube, one end to be placed in the external meatus and the other in the patient's mouth.

By slight suction, the drum membrane will resume its proper position. There are some objections to the method, and it is not very efficient. If there is complete obstruction of the Eustachian tube, of course the method will not answer. Paracentesis of the drum membrane is often serviceable for the relief of the membrane. It more effectually relieves tinnitus than any other remedy.

To dispose of the products of inflammation, mercury and iodide of potassium are about the only remedies needed. The former can be efficiently used by inunction for four to eight days, followed by ten days or two weeks of the iodide; then return to mercury if necessary. Mixed treatment may be used. The patient's general condition must be taken account of. Good food, clothing, fresh air, and cleanliness are essential.—*Indp't Pract.*, June.

## EXAMINATION OF THE EAR.

M. GEILÉ (*Progrès Méd.*) has made an experiment of great clinical value; it permits, in certain cases of defective hearing, to locate the lesion and to recognize abnormal action of the stapes and of the apparatus of accommodation. A vibrating tuning-fork is placed upon the frontal eminence of the patient; in his ear is fixed a tube of rubber whose other extremity, closed by a diaphragm of gold-beater's skin is placed to the ear of the observer; this otoscope has inserted at its middle an insufflating bulb.

The apparatus being arranged, the vibrations of the fork follow the cranial bones and are transmitted to the tympanic membrane. The patient perceives a sound which is transmitted by the vibrations of the tympanic membrane and of the air of the tube to the ear of the observer. If now, by the aid of the bulb, the tension in the tube be augmented, that is, if the membrana tympani of the patient be compressed, his accommodative apparatus, which has lost its integrity, will perform its functions abnormally, the stapes will penetrate more or less in the fenestrum ovale and the sound of the tuning-fork will no longer be the same for the patient and for the observer; the lesion can be immediately localized in the apparatus of accommodation.—*St. Louis Med. and Surg. Jour.*, July.

## POISONING FROM THE INSTILLATION OF ATROPINE INTO THE HEALTHY AUDITORY MEATUS.

Prof. KNAPP reports (*Archives of Otology*) a case of transient poisoning from two instillations of a few drops each of a one-half per cent. solution of sulphate of atropia into a healthy meatus for the relief of pain. The solution was used once in the evening and again the next morning. Four and a half hours after the last application the hands and fingers began to swell and become stiff, the eyes became swollen, and the face scarlet, the throat dry, tongue thick, lower lip swollen and hanging down, violent palpitation, and feeling of intense heat, which could not be relieved by cold water. These symptoms increased steadily for four and a half hours; they then began to abate, and in one hour had entirely disappeared. The family physician reported that the patient, a lady, had previously shown an unusual susceptibility to atropine.—*Boston Med. and Surg. Jour.*, June 8.

## THE WISDOM TEETH AND DEAFNESS.

ROBERT T. COOPER, M. D., in the *Dublin Journal of Medical Sciences*, reports several cases where he believes that the deafness owed its origin in each patient to a tardy or otherwise abnormal eruption of the wisdom teeth. That the teeth are often the unsuspected cause of deafness, he infers, first, "from the intimate sympathy existing between the teeth and the ears, and the consequent very obvious prejudicial effect of infantile dentition upon these organs. And, secondly, from observing the number of cases of deafness met with that date their initiation from the period of life at which these teeth appear."—*Gaillard's Med. Jour.*, June.

## BORACIC ACID IN OTORRHOEA.

DR. CHARLES D. TURNBULL (*Med. and Surg. Rep.*) claims that boracic acid, well powdered and "bolted," filled into the meatus, previously carefully cleaned through the speculum, and packed layer upon layer by gradually withdrawing the speculum till it reaches the mouth of the meatus, is almost a specific for otorrhœa, as he has cured every case of the hundreds he has treated and kept records of for the past three years. If the discharge ceases

and leaves a hardened mass of discharge and powder filling the meatus, it must not be removed by force or syringing but must be softened by instillation of warm fluid cosmoline. As the mass softens it may be delicately picked loose or blown out of the meatus by the rubber bag of a Politzer's air douche.—*Chicago Med. Rev.*, June 1.

#### ARTIFICIAL DRUM-MEMBRANES.

Dr. GRAF reports seven cases in which he employed several forms of artificial drum-membranes, and thinks, if any conclusions can be drawn from so few cases, that the artificial drum-membrane is useful only in cases of large perforations, with a tough mucous membrane of the drum-cavity, where there is but little or no secretion, and great diminution of hearing. He thinks he can also testify to Moos' observation, that the artificial drum-membrane sometimes restores bone conduction, but in one instance this was not the case. He also agrees with Bezold that a layer of boracic-acid powder causes increased hearing by acting as an artificial drum-membrane. As a general thing, however, he is inclined to give the cotton pellet the preference. Its therapeutic effect is also in its favor. It does not seem to be of great importance whether the pellet is used dry or moistened with glycerine, vaseline, etc. This depends upon the peculiarity of each case.—*Archives of Otolaryngology*, June 1882.

#### FLUID ARTIFICIAL DRUM.

D. I. MICHAEL (*Berliner Klin. Wochens.*) observed that in cases of perforation of the ear the hearing was slightly improved after some fluid had been injected into the ear. He made this idea practical by injecting sufficient glycerine into the ear and sealing up the same by means of collodion. This fluid artificial drum lasts generally about eight days, when it is renewed.—*Western Lancet*.

#### EAR AFFECTIONS—COUNTER-IRRITATION.

Prof. BUCK speaks confidently of the value of counter-irritation in affections of the middle ear. The class of cases in which we find it useful comprises all those in which the vessels of the middle ear and immediate neighborhood remain more or less gorged with blood long after the disappearance of pain in the affected region. He does not go so far as to say that he can depend upon the curative efficacy of counter-irritation alone, but he simply claims for it the power to materially enhance the good effects of the naso-pharyngeal treatment. In infants and young children sufficient counter-irritation may usually be obtained by painting the skin over the mastoid process once or twice daily with two or three coats of the tincture of iodine. As soon as decided soreness is produced, the skin should be allowed to remain quiet for three or four days before the applications are resumed. In adults it is better to resort at once to the application of the ordinary vesicating plaster or to Squibb's cantharidal collodion, taking the precaution to cover the freshly painted skin with a piece of rubber plaster. For so long a period as may be found necessary, a fresh blister should be applied every fifth or sixth day.—*N. Y. Med. Jour.*, July.

#### EARACHE.

This means pathologically speaking, acute inflammation of the membrana tympani. Now in such a case you may quickly subdue the inflammation, relieve the patient from the excruciating pain he is suffering, and save him, perhaps, from subsequent confirmed deafness. The treatment from which such a desirable result may be obtained is similar to that which you will find so beneficial in analogous cases of eye disease, viz.: leeches behind the ear, hydrag. c. creata and belladonna powders with warm fomentations.—*Professor Wharton Jones, in London Lancet*.—*Med. Summary*, June.

## AFFECTIONS OF THE SKIN.

### OLEATES IN THE DERMATOSES.

Dr. SHOEMAKER read a paper at the recent meeting of the Pennsylvania State Medical Society, in which he claimed the following advantages for the oleates over ordinary ointments: First: Their deep penetration. The oleic acid gives them active ability to penetrate rapidly into the animal economy, and renders any salt with which it is combined more active and effective in dermic medication. Second: Their freedom from rancidity. Third: Their cleanliness of application. Fourth: Their great economy. Fifth: Their antiseptic action. Oleate of zinc is of great value in hyperidrosis and osme-drosis and eczema vesiculosum. Oleate of copper is of great value in tinea. Oleate of alumina is of great value in checking muco-purulent discharges. Oleate of iron has a mild astringent action. Oleate of arsenic is of great value in lupus and the ulcerating variety of epithelioma, and is better borne than other forms of arsenic. The surface must first be abraded, otherwise there is no result. Oleate of silver is of value as a local application in erysipelas, and when sprinkled over old chronic ulcers sets up a healthier state of the parts. It is of use in carbuncles and boils, and will often arrest pustulation in its earlier stages.—*Chicago Med. Rev.*, June 1.

### ANTISEPTIC DUSTING POWDER.

Dr. KLAMANN (*Deutsch Med. Zeitung*) recommends the following powder as a means of healing and of preventing intertrigo in infants.

R. Magnes. ust. sub. pulv. 6 gms.; talci veneti pulv., 20 gms.; acidi salicyl., 0.2 gms.; (mist. oleos. balsam., 10 minims).

To this may be added alumen ustum when greater astringency is required, and the salicylic acid may be replaced by boracic acid. Dr. Klamann uses this in intertrigo, eczema and erythema, and finds it to act rapidly and certainly. He has also applied it with good effect in eczema capitis, and to raw surfaces produced by blisters.—*The Practitioner*.—*Cin. Lan. & Clinic*, July 29.

### SUBCARBONATE OF IRON IN INDOLENT ULCERS.

Dr. VIDAL has for some months been experimenting with this substance in the St. Louis Hospital, Paris. It is prepared by precipitating a solution of ferrous sulphate (free from copper) by means of carbonate of sodium. The precipitate is washed and dried in the open air, and so loses carbonic acid while it absorbs oxygen. The result is a brown, rouge-like powder. It has been applied to all kinds of ulcers, and always with excellent effect. The surface is first washed with a mild, astringent lotion, the powder is then spread over it in a fairly thick layer, and a bread-poultice is placed over all. The dressing is done twice a day. In the worst cases complete cicatrization has been obtained in thirty to forty days, in ordinary cases in ten. It is found that the local temperature rises considerably after the dressing, and that electric currents capable of demonstration with the galvanometer are set up around it. The dormant vitality of the granulations is rapidly awakened, and cicatrizing islands may sometimes be seen in the middle of the already contracting ulcer.—*Le Practicien*.—*Louv. Med. News*, July 29.

### RARE PARASITIC DERMATOSIS.

Dr. NIELLÉ (*British Medical Journal*, May 6, 1882,) has observed a papular eruption on a fourteen year old cabin boy, which resembles the skin disease

called *craw*, common among the Negroes of the Guinea coast. Microscopical examination of the serosity of the papules revealed nematoid worms similar to filariæ in all stages of development, from the adult and sexual to the embryonic. In the latter stage they are to be found in the blood. The disease is not contagious. The filaria is believed to enter the system by means of the water drunk. The adult worm is one-third of a millimetre long and one one-hundredth of a millimetre in diameter.—*Chicago Med. Rev.*, June 1.

### EPITHELIOMA REMOVED BY SCRAPING.

At a recent meeting of the Clinical Society of London (*Medical Times and Gazette*) Mr. T. Holmes related a case of a young man suffering from an ulcer of the leg, which presented all the appearances of epithelioma, both to the naked eye and under the microscope. It was very large, almost isolating the tendo-achillis, and was accompanied by the swelling of the inguinal glands. Mr. Holmes considered that in former times these symptoms would have been considered to warrant amputation. In this case he removed all the epitheliomatous tissue, and then made a free application of the actual cautery. Sound cicatrization ensued and the enlarged glands subsided entirely. Many other gentlemen related their experience in this matter, which was all corroborative of Mr. Holmes', who closed by saying, he suspected that many growths originally local tended to become epitheliomatous and constitutional in type. His case certainly corresponded to the ordinary descriptions of epithelioma, and he would urge that such cases, if early treated, might result in the extirpation of a disease rapidly becoming malignant.—*Med. and Surg. Rep.*, July 8.

### CARBUNCLES.—SUBCUTANEOUS INCISIONS.

In the course of a recent clinical lecture, delivered at the Hospital de la Charité, M. Gosselin made some interesting remarks on the above subject & *propos* of a carbuncle on the neck of a patient then presented. He advised opium and chloral for mitigation of the intense pain, and subcutaneous incisions, after the method of Alphonse Guérin, in the event of failure of these anodynes to relieve the suffering. The object of the incision is to relieve tension, to divide some of the sensitive nerves, and to afford an exit for the inflammatory products. The incisions are made hypodermically, in order to prevent the development of erysipelas, which often attacks an open cutaneous wound under these circumstances. A bistoury is usually introduced through one of the spontaneous cutaneous apertures produced by the carbuncle, and is then made to divide the inflamed tissues in a direction parallel to the surface. If there be no spontaneous opening which may be thus utilized, the bistoury is inserted through a cicatrix, and section effected, subcutaneously, as in the former instance.—*Le Médecin Prac.—Cin. Lan. and Clinic*, June 17.

### FURUNCULOSIS OF THE BUTTOCKS.

Clinic of Louis A. DUNNING, M. D., Professor of Dermatology, Phila.

A boy, about ten or twelve years old, and of delicate health, presents extensive disease of the buttocks, characterized by a number of boils, about a dozen in all, variously disposed over the surface; some running together and forming inflamed areas, in various states of evolution; some just making their appearance, others fully developed, and others passing away. The disease is known as furunculosis; in common language, boils.

Many different methods of treatment are advocated for boils, but there is no general rule that can be applied. The treatment must be adapted to each special case, taking into consideration the general health of the patient, the mode of appearance and the location of the disease, whether they have ever appeared before or not, etc. In this case the boy is anæmic, and gives us a

distinct history of malaria; and we will prescribe five drops of the tincture of the chloride of iron, to be taken three times a day, after meals, and five grains of quinia, to be taken in one dose, every night. This, I believe, will speedily effect a cure.—*Med. and Surg. Rep.*, July 1.

#### CHRY SOPHANIC ACID INTERNALLY.

The use of chrysophanic internally in psoriasis is something of a novelty. Dr. Napier (*Glasgow Medical Journal*, June, 1882,) has recently treated two cases of psoriasis by the internal use of chrysophanic acid. The beginning dose was one-eighth of a grain rubbed up with sugar of milk, and gradually increased. The results obtained were excellent. The remedy is sometimes too irritating externally, in which case its internal use would seem to be indicated. In the resulting discussion before the Glasgow Medical Society, Dr. Charteris was of opinion that the drug acted by absorption, which was also the opinion of Dr. Stevens. Dr. Napier believed that psoriasis was cured by chrysophanic acid given internally.—*Chicago Med. Rev.*, July 15.

#### NAPHTHOL POMADE IN SCABIES.

Dr. HARDY (*Le Progrès Méd.*) has had very good results from naphthol pomade in scabies and phthiriasis. The powdered naphthol is dissolved in half its weight of ether. This solution is mixed with one part of vaseline and the ether slowly evaporated. The resulting semi-fluid mass is triturated with more vaseline, and kept in closed vessels. For many reasons the pomade thus made would seem less objectionable than most measures now in use for the treatment of scabies.—*Chicago Med. Rev.*

#### QUINIA POMADE FOR PRURITUS.

Dr. H. K. STEELE, of Denver, Col., sends the *Cincinnati Lancet and Clinic* a description of a new method of treating pruritus of vulva or anus: "The remedy is quinia sulphate, rubbed up with only sufficient lard to hold it together. The nearer you get the full strength of the quinia the more efficacious it will prove. Apply freely and thoroughly. It has proven a specific in my hands."—*Med. Record*, June 3.

#### ACNE FILARIS AND ACNE OF THE FACE.

M. LALLIER, of the Skin Hospital (St. Louis) thus treats acne filaris, which develops itself on the forehead, near the hair, slightly resembling eczema:—1st. The following lotion to be applied every night:—Sulphur (flowers) 3 vj; alcohol 3 iiss; water 3 j. 2d. Alkaline baths. 3d. Take at each meal half a teaspoonful of bicarbonate of soda in a little sugared water. As to acne of the face, he applies every night with a hair pencil, the following preparation; Water, 3 iv; champhorated spirits, 3 j; washed sulphur, 3 ss; glycerine, 3 iiss; which is carefully washed off in the morning. When sulphur does not succeed in the treatment of acne, recourse may be had to black soap, which can be employed for four consecutive days, after which abstention is enjoined, when the treatment can be recommenced; and so on until the patient is cured. But as the general health generally requires looking after, M. Lallier orders tartrate of iron, 3 ss; aloes eight grs. for 100 pills; two to be taken at each repast.—*Cin. Lan. and Clinic*, July 15.

#### SULPH. FERRI vs. RHUS TOXICODENDRON.

Dr. C. W. LEFFERS, Lubeck, West Virginia, claims that, the external use of a solution of sulphate of iron has never failed to cure the eruption produced by rhus toxicodendron.—*Med. Brief*, June.

# MIDWIFERY,

## AND THE DISEASES OF WOMEN AND CHILDREN.

### SAPREMIA.—INTRA-UTERINE INJECTIONS.

P. V. SCHENCK, M. D., Surgeon to St. Louis Female Hospital, writes:—

New names overburden the nomenclature of puerperal diseases. The student already is as much at a loss to understand the variety of terms applied as the etiology of the various affections. On the one hand some writers call all febrile conditions in the puerpera puerperal fever. Others start out with promise, and get lost in describing septicemia with its sepsin, and pyemia with its embolism, inflammation and abscess. Others again put all under the head of toxemia, thus including chemical as well as living poisons; but a late writer has expressed a condition or state not properly set forth before—a putrid poisoning, an absorption of fetid lochia, of ichor, and this condition he has named sapremia. The first peculiarity to these cases, which I have noticed, is the fact that the chill is apt to occur nearer the period of parturition than in septicemia, not waiting for the two days of rest. Next, the chill is of shorter duration, more decided, and is followed immediately with a greater frequency of pulse and a higher temperature. The expression of countenance is marked, face almost cyanotic, expression, though haggard, is not of the anxious character found in peritonitis, the tendency to anemia is fixed, and that to diarrhea is prominent. There is no evidence of pain or tenderness over the abdomen, no local immediate injury there—the sufferings of the patient indicate a general blood poisoning. The treatment should be prompt; the relief consists alone in the removal of the cause—the washing and removing of the putrid poison. These are the cases in which, above all others, intra-uterine injections are of service.

CASE.—Mrs. B. was delivered April 20th, 1882, 7 a. m., of a girl. The labor was normal, the secundines being discharged perfectly. On the 23d of April, 7 a. m. she had a severe chill, temperature running rapidly to 104°, falling during the afternoon to 101°; respirations were 24 and pulse 120; these later became nearly normal, when the temperature fell. The physician who attended her gave her ten-grain doses of quinine and  $\frac{1}{4}$  grain of sulphate of morphia. On the morning of the 24th of April I was called in consultation. The temperature had then raised to 105°; respirations were 25, and the pulse 114. She was placed on the use of veratrum viride with opium and quinine; vaginal carbolized injections ordered during the afternoon of this day. Under this treatment her temperature fell to 102 $\frac{1}{4}$ °; respirations to 24, and pulse to 102; at the same time there was a free perspiration. During the following day her temperature fell and remained at about 100°; respirations were 16, and pulse 88. The same treatment was continued with the exception that digitalis was used in the place of veratrum viride. In the evening her temperature and pulse began to rise until the former reached 104° at 10:45 p. m. The discharges as they escaped from the womb were decidedly fetid. A uterine injection (composed of carbolic acid 1-40) was given; one hour after she had a severe rigor, followed with fever and delirium; temperature at 12:30 showed as high as 105°, and pulse was 124. Thus commenced the 26th of April, but in less than one hour, temperature, pulse and respi-



rations changed so that during the most of the day they were normal, but near midnight the unpleasant symptoms all recurred, when an intra-uterine injection was again administered, to be followed with the previous favorable result. The treatment outside of the uterine injections now consisted of ergot, iron and quinine. The digitalis producing nausea was omitted. On the morning of the 28th, temperature having marked as high as  $106\frac{1}{4}^{\circ}$ , the unpleasant symptoms becoming the more exaggerated, another intra-uterine injection was administered. Listerine was used instead of carbolic acid; the advantage was equally as great, and there was no sequent rigor. This treatment as above outlined was pursued through the whole case, with the addition of stimulants as the strength appeared to fail. The womb became well contracted, and the patient made a speedy and happy recovery. Now was this recurrence of high temperature due to any malarial tendency—the failure of quinine, the irregularity of attacks answer, No. It was a case of sapremia. The poison was one of putridity, as shown by the character of what the uterine washings brought out. The injections washed away the poison.—*St. Louis Cour. Med., June.*

### STEATOMATOUS TUMORS OBSTRUCTING LABOR.

In the *Virginia Medical Monthly* Dr. E. N. Chapman relates some instructive cases, in which steatomatous tumors so interfered with free passage of the child as to constitute serious impediments to natural labor. Examination in these cases revealed a growth springing from the promontory of the sacrum and the adjacent parts, occupying two-thirds of the superior strait, extending into the excavation and terminating in a prominent globular mass the size of a goose's egg. The os uteri was well dilated, and the child's head rested upon the symphysis pubis and against the anterior face of the tumor. A trocar was introduced into the tumor and upon withdrawing it, nothing flowed from the cannula, and yet its point moved freely in every direction, showing that a cavity of some sort had been reached. Being laid open by a bistoury, a brain-like substance began to exude. This being turned out by the finger, the tumor collapsed, the child's head dropped into the excavation, and the labor was terminated at once by the forceps. There was no unusual hemorrhage then or afterward, and the empty walls of the tumor, which had contained a pint, at least, of steatomatous matter, hung loosely from the posterior third of the pelvic brim. Peritonitis subsequently set in and the patient died on the sixth day. The other cases were similar to this one in all essential particulars. In other cases reported the patients made good recoveries.—*Med. and Surg. Rep., July 15.*

### AIR EMBOLISM.

Dr. DRAPER (*Boston Med. Jour.*) summarizes our knowledge on this subject thus:

Admission of air into veins is a very serious accident. The effect of air so admitted varies according to the amount; if large, and its introduction rapid, death immediately follows; if small, or the introduction be slow, only a temporary circulatory disturbance, as shown by the fainting and distress, may result. The amount of air and its manner of introduction may be determined by a post mortem examination, providing such examination be made soon after death, before decomposition has developed gasses. If death follows rapidly after the introduction of air, the right side of the heart would be fully inflated with air, with comparatively few bloody bubbles; if the fatal result were slower the right cavities would be expanded, but the contents might consist almost wholly of bloody bubbles, from the churning action of the heart. Instant death has resulted from entrance of air through the uterine sinuses in delivery at term and in instrumentally induced abortion. The anatomical structure of the uterus is such that under favoring circumstances

air can enter rapidly and in large quantities into the uterine sinuses, and so make its way to the heart. Such favoring circumstances are: An open cervical canal; a separation of the foetal membranes, exposing orifices of uterine sinuses; unusually large sinuses; imperfect plugging of sinuses by clots; the structure of the canals themselves, being intimately adherent to the wall of the uterus so that they remain open when divided.

Dr. Draper then explained the way in which death is brought about in such cases. When the external air has free entrance to the cavity of the uterus, either through a tube like a catheter, or being forced with a syringe, or by admission through the natural passages, and when the orifices of the uterine sinuses are open, then the uterus, alternately contracting and expanding under any stimulus (a foreign body like the air itself), will act like a rubber bulb to suck into its cavity and into its sinuses this external air, while the heart and lungs meanwhile act also as a suction force to draw air through the veins leading from the uterus to the heart; its rapid accumulation in the right side of the heart distends these cavities instantly, so that the heart's muscle becomes paralyzed and unable to contract. Whatever blood mingled with air the heart can propel goes to the lungs, and from the bubbles of air lodging in the capillaries the pulmonary circulation is seriously interfered with. A convulsion with this form of death is the rule. Death may result instantly, where the amount of air is large, by paralysis of the heart and asphyxia, or it may result from the consecutive effects of the air, as a pneumonia; this in cases where only a smaller quantity enters the circulation.—*Gaillard's Med. Jour.*, July.

#### ANTISEPTIC ACTION OF PHENIC ACID IN PREGNANCY.

Dr. MORRA, of Turin, has used phenic acid as an antiseptic in the form of clysters, in two cases of pleuro-pneumonia and in two cases of puerperal infection. The details of these cases are too long, but the results arrived at are:

That phenic acid administered by the rectum during pregnancy, and during the puerperal state, has antiseptic properties, prompt and sure. Its action is uniform, and is indicated in the temperature, the pulse, and the respiration, and is not of long duration. The remedy can be employed with confidence, and the dose can be safely increased. A dose of 80 grains is sufficient and has no effect on the foetus. In puerperal maladies it has a powerful local action. Its elimination is chiefly by the kidneys, and when the urine is colored black it shows the effect of the drug, and indicates ulceration in the rectum.—*Revista Bologna, Ther. Gaz.—Med. Digest*, June.

#### AIDING THE EXPULSIVE EFFORT IN PARTURITION.

Dr. D. H. JERVIS, of Lone Pine, Penn., writes: "I will communicate a method that I have been practising for some time in cases where there is a deficiency in the contractions of the uterus and the expulsive effort is wanting, in those cases of confinement where labor is prolonged by inefficiency of the contraction of the uterus and the expulsive effort where the os is completely dilated or dilatable, or exactly that class of cases for which our textbooks recommend the administration of ergot. I formerly followed the orthodox practice of giving ergot in those cases. But the administration of this drug was so frequently followed by nausea and vomiting that I disliked very much to administer it, knowing the fact that when the head of the child begins to press upon the perineum, the 'expulsive effort' is not only increased, but also the force of the contractions of the uterus. And also the effort of introducing the hand into the vagina in order to explore more fully an unsettled position, has a tendency to influence the character of the labor, very likely producing a rapid delivery.

"From these facts I was led in this class of cases to imitate the pressure produced by the head of the child, by introducing at least a part of the hand

and during a pain distending the vagina and making firm pressure outward against the perineum.

"This seldom fails not only to increase the contractions of the uterus, but will bring on a strong expulsive effort. The soft parts being more abundantly supplied with nerves than the walls of the pelvis, the reflex action set up by pressure on them is much greater. In the delivery of the placenta, where it does not come down sufficiently to be grasped by the hand, it may also be hastened by gently distending the vagina. I do not see why, in cases of moderate hemorrhage, contractions might not be brought on by the same method. With this latter I have not had sufficient experience to speak with any assurance. If this method has ever been written on before, I have failed to come across it."—*Med. Record. June 24.*

### CHLORAL IN LABOR.

Dr. KANE says that chloral may be employed in normal labor for the purpose of blunting sensibility, quieting nervous and hysterical manifestations, shortening labor, and destroying pains. In complicated labor it has three uses—*i. e.*, to relieve pain, to hasten dilatation of the os, and to increase the force of the uterine contractions. Chloral, even when pushed to anesthesia, does not destroy the force of the uterine contractions. The alleged danger of post partum hemorrhage has no foundation in fact. In moderate doses it is never dangerous. The slight delirium that sometimes occurs is ordinarily removed by a second dose and need cause no alarm. It is rarely necessary to use more than one dram in any one confinement. It is best given by the rectum, in the form of enemata or suppositories.—*St. Louis Cour. Med.*

### POST PARTUM HEMORRHAGE.

Dr. ENGLEMAN, in the *St. Louis Med. Jour.* sums the treatment up in this manner:—

*A.—Preventative Treatment After Induction of Labor.* 1. Careful attention to every detail, and strict observance of obstetric rules in *every* case of labor. 2. The administration of a full dose of ergot as the head enters the vaginal orifice. 3. Should hemorrhage threaten, follow the uterine fundus with the firmly superimposed hand. 4. Express the placenta by Crede's method, and retain a firm grasp upon the fundus.

*B.—Treatment of Existing Hemorrhage.* 1. External manipulation, pressure, and friction with the cold hand, or with ice. 2. Ergot—best subcutaneously, while manipulations are in progress. 3. Introduction of the hand into the vagina, or uterus; removal of clots, and irritation of the surface, in order to stimulate contractions. 4. The subcutaneous administration of ether. 5. Ice or vinegar, if at hand, may now be tried in the uterine cavity, but if they fail must not be persisted in. 6. The hot water douche, which, if it is not followed by the desired contraction, will at least stimulate the patient, and cleanse the cavity, so that the final, safest, and most reliable remedy may be resorted to, viz: 7. The iron swab—This may be used at once, if the introduction of the hand and the subcutaneous injection of ether fail or after a trial of the hot water douche; but in desperate cases must be resorted to at once, without losing time with other less reliable methods.—*Leonard's Il. Med. Jour., July.*

### SUSPENDED ANIMATION.—INFLATION WITH A SYRINGE.

JAMES DORLAND, M. D., Milwaukee, Wis., reports the following case:—

February 22nd, 1882, was called to attend Mrs. C. in confinement with her first child. Everything progressed favorably, and at 6:55 A. M. the head passed the perineum. Upon passing my finger in, found the cord once around its neck and pulsating vigorously. Attempted to put it over the head, but

did not succeed, so left it alone, watching the pulsations. The child gave one convulsive movement and was then still. A minute after, the pulsations getting weaker, I again tried and succeeded in getting it over the head; it was still pulsating, and a pain coming on, the shoulders were born. A second or two later, found the pulsations in the cord had ceased; cut it at once and delivered the child. No hemorrhage from the cord, and no effort whatever at inspiration; there was a feeble fluttering at the heart. Sprinkled it with cold water, then hot, slapped it, and used every method known to me, including mouth to mouth inflation and taking the child and carrying it rapidly back and forward through the air, and allowing the head to hang down for a few seconds at a time. I also applied hot water cloths constantly, with alcohol, but for one hour could not get even a gasp, although the heart still beat feebly. Knowing that the air I forced into the lungs was devoid of oxygen, I bethought me it would be a good idea to use pure air, and thus give the lungs their proper stimuli. Getting the nurse to hold its nose, I put the nozzle of an ordinary syringe in its mouth, and, compressing the lips around it, forced in air. After repeating this three or four times at intervals of from four or five seconds, I had the satisfaction of seeing the child gasp, and by using it judiciously, at the same time keeping up heat artificially, at the end of two hours and five minutes we had the pleasure of observing regular respirations in the child.

This case proves what we can sometimes accomplish by perseverance, and that inflation by the mouth to mouth method cannot compare with the introduction of pure air. I have never seen that plan spoken of before, and from this time shall use it as a first and not a last resort.—*Can. Med. and Surg. Jour.*

#### HEPATIC DISEASES AND PREGNANCY.

Hepatic diseases in gynecology and obstetrics is the caption of a lecture in the *Med. Classics*, by J. Matthews Duncan, M. D., of St. Bartholomew's Hospital, London, England. This gentleman is of opinion that many gynecological troubles are often attributed to hepatic disease—an insufficient evidence, since such troubles as amenorrhœa up to fatty liver, etc., may occasion them. These conditions are often seen in phthisical women; but the amenorrhœa in these cases is clearly attributable to the phthisis. He puts no faith in the statements of many learned authors in regard to the pressure exerted by the gravid uterus upon liver, kidneys, etc., and denies that there is any proof of undue pressure upon these organs. There is a watery condition of the blood, and a kind of parenchymatous degeneration of the liver, which is a normal condition during utero-gestation, which render the organ more liable to disease. Icterus gravidis or yellow atrophy of the liver, is a formidable disease, but fortunately a rare one, often causing convulsions and hemorrhage from bowels, stomach, or uterus. The coloring of the skin is not as deep as in the ordinary forms of jaundice. Many remedies have been tried, but emptying the womb is the surest that has yet been used.

[Dr. R. T. Coleman, Prof. Obstet., Med. Coll. Va., called the attention of the class to this subject in 1875-6, and stated that he regarded it as a most grave complication.—*J. M.*]—*Va. Med. Monthly.*

#### DENTAL NEURALGIA DURING PREGNANCY.—PHOSPHATES.

During pregnancy many women suffer from caries of the teeth and dental neuralgia. The calcareous salts required for the development of the fetal skeleton must be supplied by means of an increased ingestion of these materials on the part of the mother; in default of this augmented consumption the nutrition of the maternal bony tissues is affected, and dental caries result. Many pregnant women have a morbid appetite for calcareous and other mineral substances. Preparations of calcium, especially the phosphates and hypophosphates, should, in view of the facts mentioned, be administered to *enclinte* females suffering from the above dental troubles.—*Pittsburgh Med. Jour., June.*

## DILACERATION OF THE UMBILICAL CORD.

A strong woman gave birth to a child, while crossing the tracks of a tramway; the child fell upon the street-sand and the umbilical cord was torn in two. The child weighed 3,200 grm., is perfectly healthy, and shows no sign of any contusion. The tear in the cord is about 10 cm. removed from the umbilical ring. This, however, is not the usual locality for dilaceration, in an upright or elevated position, to occur; for in this position rending generally brings with it a piece of the abdominal skin of the child or of the placenta, and tears it in its course, so that the division occurs 2-3 cm. removed from the umbilical ring. This matter is of great importance in a medico-legal aspect, where there is a suspicion that the mother herself has torn the cord in two, and then has laid the child aside. This suspicion can always be entertained when the remnant of the umbilical cord is long enough to admit of being grasped and torn. That avulsion of the umbilical cord generally is possible, the researches of Prof. Spaeth have abundantly proved. An average resistance of 5½ kilos., with fresh umbilical cords, has been determined by this investigator. The weight of a new-born child, 3 kilos., falling through the air, can readily overcome this resistance. Although in births in upright positions, not all umbilical cords are torn in two, yet the dilaceration is favored by a stretched course of the vessels, and by an absolute shortness of the umbilical cord. Avulsions of relatively short umbilical cords, that is, when the cords are wrapped around the necks or other portions of the bodies of children, occur very seldom during the act of birth.

A pertinent question is, can the life of the child be threatened by the indirect danger of hemorrhage? This danger only exists with feeble, asphyxiated children, and then only when the child is still in the maternal body. With strong children, however, who cry lustily, and breathe freely, it is possible to cut or tear in two the umbilical cord immediately after birth, and allow the child to lie without tying the cord; at highest estimate a coffee-spoonful of blood will escape. The vessels of the umbilical cord contract at once; their occlusion is favored by the circular fibres of the intima, and hemorrhage is arrested. On this account the verdict upon dead foundlings, by country physicians, "death in consequence of hemorrhage from the umbilical cord," is always to be regarded with a certain amount of suspicion and distrust.—*Med. News*, July 15.

## PUERPERAL ZYMOSIS.

In the *British Medical Journal*, Dr. W. Barrett Roué says, "A very painful case has, within the last few days, come under my notice, which illustrates many of the points ably laid down by Dr. Braxton Hicks, in the *Journal* of March 25th. Mrs. B., a lady, aged 26, passed safely through her second confinement. For several days all went well; then, all of a sudden, without any apparent cause, her temperature began to rise, and was soon between 104° and 105°. An examination of the sanitary condition of the house was made, with the result of finding sewer gas pouring up from the sink in the scullery, almost sufficient to blow out a candle held over it. The next evening I was sent for in great haste. I found her screaming at the top of her voice, and so violent it was as much as several attendants could do to control her movements, by force; she was suffering from an attack of acute mania. By means of chloroform and hypodermic injections, she was quieted, when typhoid fever was diagnosed, the spots on the abdomen being characteristic. The delirium lasted eighteen hours, after which the patient became conscious and took nutriment well; but such was the frightful exhaustion, caused by her condition, as described above, that she sank slowly and eventually died, in spite of every care and attention bestowed upon her. Surely, it is time the law took cognizance of cases like this. Something should be done in the way of compelling landlords and builders to produce a certificate from a surveyor or other competent person, to the effect that their property is properly drained, previously to a new tenant going in.—*Med. and Surg. Rep.*

## NITRO-GLYCERIN IN PUERPERAL CONVULSIONS.

In the *British Medical Journal* of April 22nd, Dr. W. E. Green, of the Isle of Wight, reports a case of puerperal convulsions in which, following the artificial completion of labor, the patient remained comatose and with a pulse indicative of exaggerated arterial tension; the patient improved rapidly under the administration of nitro-glycerin, given by adding eight minims of a one-per-cent. solution to an ounce of water, of which teaspoonful doses were given every hour. The first dose was administered two and a half hours after the commencement of the attack, and within ten minutes consciousness was regained. Four or five doses in all were given. The patient recovered slowly under other treatment, but had no return of convulsions.—*New Remedies*, June.

## METHOD OF PREVENTING THE NECESSITY FOR INDUCED ABORTION.

Dr. DEPAUL, in one of his recent lectures, recommends in certain cases, iodide of potassium, regulated diet, and bleeding to diminish the size of child, and to prevent the necessity of bringing on abortion. He cited the following case in support of his recommendation. Thirty years ago, a merchant had married a very rickety wife, who became pregnant soon after marriage. A medical man was consulted, and scarcely knowing what to do under the circumstances, he asked that M. Paul Dubois might be called in, who was obliged to perforate the cranium. A second pregnancy occurred, and on this occasion, M. Dubois sent the young woman to M. Depaul; she was then four or five months advanced in pregnancy. Her pelvis measured from  $7\frac{1}{2}$  to  $7\frac{3}{4}$  centimetres; He told her that it was necessary, in order that she might have a living child, gradually to diminish the quantity of food she took, and to subject her to a rigorous diet. She was bled many times, and gradually lessened the proportion of food, according to his directions. He followed the progress of the pregnancy, and especially the increasing dimensions of the child. The eighth month arrived, and it appeared to M. Depaul that until then, the child had grown very little. He let things take their course, thinking that it was necessary to bring on premature delivery. Finally, the woman came to the end of the ninth month, and Dr. Depaul was sent for. The head soon cleared the sacro-vertebral angle, and the delivery was easy. The child, a boy, lived; he was very small, but was quite strong enough to be brought up. The same person again became pregnant for the third time. She did not communicate the fact to M. Depaul, and it was only when she was eight months and a half gone that he was sent for to attend her. It was too late to have recourse to the means used in the previous pregnancy, and M. Depaul was obliged to perform cephalotripsy. In a fourth pregnancy, he received notice in good time. The regimen used in the second pregnancy was again successful. The child lived, and is still alive. A fifth time he was only called in at the moment of delivery, and only succeeded in removing the child by cephalotripsy. M. Depaul considers this case to be very conclusive, and has likewise collected a certain number of similar facts which induce him to affirm that this method may have a certain degree of success, and to recommend it in cases of vicious conformation of the pelvis, so as to avoid, as far as possible, forced abortion.—*Brit. Med. Jour.*—*Cin. Lancet and Clin.*, June 17.

## INTERVAL BETWEEN THE BIRTH OF TWINS.

According to the *Jour. de Méd. de Paris*, Dr. Baranski delivered a woman of a male child a little before term, the placenta following in a few minutes. The woman returned to her work in the fields, and seventeen days after the first delivery, she felt a large quantity of fluid escape. The doctor being

sent for, found an arm presenting and delivered a second child, well developed and without any signs of maceration. The placenta came away a few minutes after.—*Obst. Gaz., July.*

#### FEVER FOLLOWING DELIVERY.—CARBOLIC INJECTIONS INTO UTERUS.

1. When fever follows delivery, it is desirable, even if there be no indications of uterine accidents, to examine with speculum and make sure that no septic products remain in utero. 2. If such be found, wash out uterus with one p. c. carbolic solution until injected fluid returns perfectly clear. 3. Do this twice daily until fever is entirely reduced and uterus in normal position. 4. If fever be intense it is desirable to leave some of the solution in utero, which will rapidly lower temperature, and ameliorate the other febrile symptoms.—*Desplats. Jour. des Sci. Med. de Lille.*—*Md. Med. Jour., June 1.*

#### TREATMENT OF STILL-BORN INFANTS.

Dr. RUSANOVSKY relates an interesting case in *Vratch*, 1882, No. 1, from which the *London Medical Record* makes a short abstract. All the usual methods (including Shultze's) had been tried unsuccessfully in a case of asphyxia neonatorum, when he resolved, in extremis, to try hot water, lately recommended for still-birth by Dr. LeBon.

The author took a common iron pail, filled with very hot water, and at once immersed the infant (who was pulseless and cold) leaving free the head alone. One minute afterward—eighty-seven minutes after birth—the first inspiration was made and the child's life was saved. The author believes that the first inspiration results from the powerful excitation of the hot water upon the peripheral nerves of the skin, and from the subsequent reflex action of the respiratory centre in the medulla oblongata.—*Obst. Gaz., July.*

#### NIT. AMYL AND ETHER TO ANTAGONIZE ERGOT.

In Barnes's "Obstetrical Operations" one is directed to use three minims of the nitrite of amyl, together with a drachm of ether, by inhalation, as an antagonist to ergot. Its action is that of a sedative and anæsthetic, without producing unconsciousness.—*N. Y. Med. Jour., June.*

#### CATHETERIZATION PREVIOUS TO APPLICATION OF THE FORCEPS.

Dr. JAMES MORE lays down the following rules on this subject:

The use of the catheter in the parturient female is indicated: 1. When the patient has not vomited for some time. 2. When there exists over the pubis a distinct tumefaction other than that produced by the fetus. 3. When the contraction of the uterus is accompanied by severe pain, especially if the pain is not of an expulsive character. 4. When the uterine pains suddenly cease. 5. When the labor has continued a long time without the engagement of the head. 6. When there is a vaginal cystocele.

After delivery the circumstances which necessitate catheterization are: the absence of urination for at least ten or twelve hours; the inability of the patient to micturate because of vesical inertia. The recognition of a suprapubic tumor and the occasioning of pain upon pressure in the hypogastrium are the symptoms which mark the development of this complication.—*Rev. des Sciences Med.*—*Cin. Lan. and Clin., July 29.*

### IPECACUANHA AS A OXYTOCIC.

Dr. LEONARD F. PITKIN, of Newark, N. J., reports a case in the *Medical Record* where a hard and resisting os was softened and dilated, and a tedious and painful labor speedily brought to an end, by the administration of three five-grain doses of ipecacuanha at intervals of about twenty minutes. The same remedy has since been used by the author with good effects.—*Obst. Gaz., July.*

### JABORANDI A GALACTAGOGUE.

A writer to the *Therapeutic Gazette* claims for jaborandi galactagogue properties, and cites three cases to support the assumption. In each case, six doses of 10 to 15 drops of the fluid extract were taken, and, in all, the effect on the mammary glands was prompt and satisfactory, but the salivary glands were also affected, not only in the mothers but the children.—*Can. Jour. Pharm., June.*

### FISSURED NIPPLES.—SOL GUTTA-PERCHA.

MONTI recommends that the nipples be anointed with a (freshly-made) solution gutta-percha in chloroform. As it dries it forms a protecting pellicle, which does not come off even after sucking.—*Med. Abstract, July.*

### VOMITING OF PREGNANCY.—ETHER SPRAY.

Ether spray to the back of the neck is recommended for the vomiting of pregnancy.—*Atlanta Med. Register, July.*

## DISEASES OF WOMEN.

### DIFFERENTIAL DIAGNOSIS OF ABDONINAL TUMORS.

Dr. ERICH, of Baltimore, contributes a very instructive paper to the Clinical Society of Maryland, *Obstet. Gaz.*, wherein he points out how easily we may make very singular errors of diagnosis in abdominal tumors. He illustrates his views by the narration of several cases, hoping, apparently, to add to the "known sources of error" in arriving at a good diagnosis. In Case 1, a first examination per vaginam "revealed an irregular, hard, nodular tumor in the left iliac region somewhat posteriorly," and a diagnosis of probable cancer was ventured. A year and a half after this examination the patient was examined jointly by Dr. Erich and Dr. Chadwick, of Boston, when the conditions noted, had entirely changed. The tumor then noted, had disappeared, "and a firm, round, moveable tumor, about the size of an adult head, was found occupying the hypogastric region." Present diagnosis—a fibroid. It was decided to remove the supposed fibroid by laparotomy. Upon making an incision and bringing the tumor in view, an exploratory puncture was made which yielded pure pus. The patient died, and a post-mortem revealed an abscess. This case teaches that fluctuation can not always be made out, even when a large amount of fluid is present. "I was compelled to acknowledge an error of omission," says Dr. E., "in not making an exploratory puncture before resorting to laparotomy. I have since then determined never to pronounce an abdominal tumor solid until after aspiration." Case 2 had been pronounced by an eminent surgeon a solid uterine fibroid. All the con-



ditions so indicated; but true to his determination, an aspirator needle was introduced by Dr. Erich, and to the surprise of himself, as well as others, "a pint of pure pus was withdrawn." In Case 8 the patient had been sent to Dr. E. by a friend who had made out "probable diagnosis of ovarian tumor." The examination made by Dr. Erich appeared to exclude pelvic cellulitis and abscess—the diagnosis of ovarian cyst was therefore provisionally endorsed, and preparations for an operation were made. Preparatory to this a tonic treatment was set up, and a mercurial purge administered. The purgative produced diarrhoea with profuse and offensive discharges. Fever was established. The tumor was speedily reduced one-half. Aspiration, now instituted, removed a quantity of offensive pus and gas. The tumor was evidently a pelvic abscess. In his concluding observations Dr. Erich remarks: "In view of these difficulties, which have been acknowledged by the best men in the profession as liable to occur to them, I think it advisable to use the aspirator in cases of doubtful abdominal tumor before pronouncing definitely upon its nature."—*Canada Lancet, June.*

### NEW OPERATION FOR UTERINE DISPLACEMENTS.

Dr. ALEXANDER, of Liverpool, England, proposes a new method of treating inveterate and troublesome displacements of the uterus. Operations for these troubles, he says, are a last resort when all appliances have failed, or to obviate the disagreeable necessity of wearing a pessary. He speaks almost solely of those forms of displacement which are accompanied with prolapse. One of the chief agents concerned in such a displacement is the round ligament. The anatomy and function of this are very clearly and accurately described, the description following Quain. Since, in a condition of prolapse, this ligament, on either side, is stretched, replacing the uterus does not at once restore the normal tone of the ligamentous tissue, or, to copy the author's idea, there is a *slack* in the ligaments which prevents them from giving the proper *quantum* of support. He proposes to remedy this by an operation to "pull out the slack of the round ligaments." The idea is entirely novel, and we reproduce the author's description: "The operation is performed by cutting down upon each abdominal ring, gathering up the ends of the ligaments, freeing each from its nerve, and gradually releasing them, by patient and cautious traction, from the neighboring tissues, until the position of the uterus, as ascertained by the finger in the vagina, satisfies the operator. The ligament is then stitched to the tissues around the ring, and the loose ends attached to each other, or rolled around two pieces of wood which are fastened together in the middle line. The picking up of the ends of the ligament is the difficult point, and the freeing of the ligaments from their surroundings is the delicate point, but, by experience, both can be performed easily and effectually. The ligament slides within its sheath, and the peritonæum is not disturbed. No risk of hernia or of pelvic inflammation occurs. Beyond some pain for the first few days, the operation is harmless, if carefully performed, but experiments on the dead subject have shown me that danger may arise from incautious operators." Four cases are detailed in which this operation was performed.—*N. Y. Med. Jour., July.*

### INFLAMMATION AND INDURATION OF THE LABIA UTERI.— MEDICATED VAGINAL SUPPOSITORIES.

R. Plumbi iodidi, grs. 80; ext. belladonnæ, grs. 24-40; ext. conii, grs. 100; olei theobromæ,  $\frac{3}{4}$  1-1½; olei olivæ, 3 2. M.

Melt into a mass with gentle heat, pour into a tube or roll of paper about eight inches long and of the circumference of the little finger. Divide into eight suppositories and order one to be introduced into the vagina every night or every other night.—*Med. Gazette.*

## MEDICAL TREATMENT OF UTERINE FIBROIDS.

Dr. CHÉRON (*Rev. Med. Chir. des. mal. des femmes*) recommends the application of the following:

Ext. digitalis, 4 parts; ext. bellodon, 2 parts; lard, 40 parts.

Inunctions morning and evenings over the abdomen. Use a piece about the size of a small nut. At the same time the following solution is to be taken internally:

R. Hydrarg. bichlor, gr. ss; aquæ, fl ℥ x. A teaspoonful before each meal.—*Louv. Med. News, July 29.*

## LACERATION OF THE CERVIX.

The recent discussion on the significance and necessity for operative treatment of laceration of the cervix uteri, in the Obstetrical Society of London, has developed some curious opinions as to that, by some gynecologists much overdone, and, on the other hand, by others much misunderstood and maligned operation. To condemn a theory or a practice, as was there done, without any personal experience in the matter is, to say the least, illiberal and illogical. That a large, gaping laceration with everted and eroded lips requires union by paring and sewing together of the lips is too obvious a truth nowadays to require either further assertion or denial. It is an accomplished fact, whosoever to the contrary! That *all* lacerations do not require operation or even treatment is equally well-known to all experienced gynecologists. The cases of epithelioma developing from the eroded surface of a lacerated cervix are rapidly increasing, and surely the possibility of preventing this fatal disease by an early closure of the rent should convince even the unbelievers of the necessity of the operation in suitable cases.—*Jour. Obstet. — Gaillard's Med. Jour., June.*

## PERIUTERINE ADENITIS.

A. COURTY, in a recent paper, *Archives de Gynäkologie*, describes a disease which is characterized by severe subjective symptoms, and consists in an inflammation of the lymph channels behind and near the uterus. Numerous clinical observations, and also observations from post-mortem examinations, give the following characteristic symptoms for this affection: pains in the abdomen shooting toward the rectum or ischium (which continue even after the cessation of uterine pains occurring simultaneously) especially on sexual intercourse, and also when sitting, walking, or riding. Touching with the finger or the edge of the speculum always causes pain. On digital examination one finds one or more hard, sometimes smooth, sometimes irregular bodies, the size of beans, or even smaller, behind the cervix uteri, or near by especially to the right side at the lower edge of the broad ligament. They are sometimes easy, sometimes difficult to reach. The uterus is usually freely movable, and the surrounding tissue normal. Ordinarily there is coexistent a chronic endometritis, or such has preceded it, and the author considers the affection of the lymph channels as dependent upon this cause. Prolapse of the ovary or cellulitis might be confounded with this trouble, but the ovary is larger than these glands, and exudations can be distinguished by their greater extent, their immobility, and their bands of cicatricial tissue.

Treatment should be at first antiphlogistic, later directed toward absorption. Hot-water douches, gray ointment, cathartics, iodine, iron, quinine, and baths are indicated.—*Boston Med. and Surg. Jour., July 2.*

## FISSURE OF THE ANUS COMPLICATING CHRONIC METRITIS.

Fissure of the anus is frequently observed in women affected with endometritis. The most frequent cause for this affection is the chronic congested

condition which exists about the anal region as well as in the uterus and its appendages. In connection with this, there is almost constantly obstinate constipation. Surgical treatment in such cases is not always of benefit, particularly when the fissure has not induced contracture of the sphincters.

Two forms are observed in practice: In the first the fissure is of old date, and its borders are hard and callous.

In such a case, M. Chéron, in a recent number of the *Rev. Med. Chir. des Maladies des femmes*, recommends that massage over the part, with the pulp of the index finger, should be made every day; then he places in the fissure a small metallic cylinder, connected with the negative pole from two elements of the pile, the positive pole having an electrode as large as possible.

Five minutes application is sufficient to produce a modifying chemical action without causing any pain.

A calming unguent is applied each evening to the fissure:

R. Ext. digitalis, 3 ss; ext. belladonnæ, gr. xvss; adipis, 3 j. M. A dozen applications generally suffice for cure.

In the second form there are no indurated borders, but the parts are painful and sensitive when touched. In such a case iodoform is recommended:

R. Iodoform, gr. xvss; balsam peru, 3 j; adipis, 3 j. M.

If there is spasm of the sphincter muscle, gradual dilatation may be established by the introduction of a bivalve speculum, once every four or five days.—*Med. and Surg. Reporter*.

#### SIGN OF CANCER OF THE BREAST.

Mr. NUNN, of the Middlesex Hospital, London, in his recently published work on cancer of the breast, says that the entire breast is displaced. A line drawn from one nipple to the other will be found not to be horizontal but inclined toward the unaffected side, or in other words, the nipple of the affected side will be found *elevated* above the true horizontal line of natural symmetry.—*Canada Lancet*, July.

#### CHRONIC OVARITIS.

A young woman presented herself to Prof. Mundé, complaining of pain immediately over the left ovary; also pain in her back, legs and abdomen; menstruation frequent and profuse; bowels constipated; dysury. Physical examination revealed a movable tumor unattached to the uterus, about the size of a lemon, and tender to the touch. From the position of the tumor, its tenderness and pain, the patient undoubtedly suffered with ovaritis; and on account of her non-puerperal condition, it was chronic in its character.

Because of the non-existence of fever, the lecturer preferred the name chronic congestion, to chronic inflammation. In support of his view, he described the analogous condition which exists in tonsillitis. During the acute stage the tonsils swell and become tender; this acute congestion becoming chronic, finally results in permanent enlargement due to formation of new tissue. Some causes of congestion of the ovary are exposure to cold, excessive exertion, and excessive coition.

The symptoms are general nervousness, pain in the region of the ovary (more frequently over the left), dysmenorrhea, pain during defecation and coition, and irritable bladder.

In consequence of the persistence of the congestion, the subsequent inflammation of the surrounding tissues and the congestion of the surrounding peritoneum exudation follows. As the exuded lymph is not entirely absorbed, contraction ensues, which prevents the passage of either ovum or spermatozoon, thereby causing sterility. Another sequel to this condition, in consequence of the hyperemia of the part and the thickened covering of the ovary, is that the graafian follicles do not rupture normally; but, blood exuding into the follicles, cysts are formed, which increases in size and number

and also coalesce. Finally the enlarged ovaries prolapsing into the cul-de-sac between the rectum and uterus, and then increasing further in size, may become adherent to the surrounding tissues.

Besides the reduction of the congestion and the relief from pain, nothing further can be expected in the treatment of chronic ovaritis. To accomplish these, counter irritation, injections of hot water and glycerine twice a day, and cotton soaked with glycerine, may be applied locally. Tonics, bromides, morphine, bi-chloride of mercury combined with muriate of ammonia, chloride of gold and sodium in doses of gr.  $\frac{1}{6}$ —gr.  $\frac{1}{4}$  ter die in pill may also be beneficial.—*Obst. Gaz.*, July.

### EARLY OVARIOTOMY.

GRANVILLE BANTOCK has put forth "a plea for early ovariectomy." His reasons are not only good, but, unless there be technical and valid *a posteriori* arguments against them, they commend themselves, *a priori*, to good common sense. The general health, he argues, yields in time, and imperils the result the more the longer we wait. The tumor works mischief in other organs, not seldom resulting in structural disease. Such accidents to the tumor as rupture, etc., may occur and imperil life; and even if none of these untoward results follow, yet, the longer the delay, the greater the probability of adhesions, which, growing both in extent and in strength, entangle other organs in the meshes of disease, and complicate the operation and add to its dangers.

*Per contra*, the earlier the operation, the simpler and the safer; as is shown by the tables he adduces in support of his plea.

Who delays in other tumors, even such simple ones as lipomata? Who desires them to involve a greater number of neighboring organs, such as bloodvessels, muscles, and nerves? Who waits till the wound shall be larger, the raw surface greater, the septic dangers more numerous? Who delays till firm adhesions form? And, if we thus reason in the simpler cases, why not here? If outside the abdomen, why not within it?

Now that the only valid reason for delay—the serious danger—has been eliminated as a potent factor in the problem, we believe with Bantock that early ovariectomy ought to be the rule and soon will be. When such a tumor is certainly recognized, it should be removed, and removed at once. Delay will not simplify but only complicate; not lessen, but increase, the danger. The tumor will not shrink, but will grow; will not isolate itself, but fasten itself with a firmer grip. But one thing will do any good—the knife.—(*From Editorial Med. News*, June 24.

### OVARIOTOMY IN A GIRL.

Dr. W. O. FERGUSON (*Med. Bulletin*) reports the removal of an ovarian cyst, weighing ninety-nine and two-fifths pounds, from a girl fifteen years of age. The tumor had been tapped at four different times, twenty gallons of fluid in all having been drawn off. When operated on the tumor presented extensive adhesions to the liver, stomach, intestines, and walls of the abdomen. The patient recovered.—*Louv. Med. News*, June 17.

### MENOPAUSE.

Dr. FORDYCE BARKER (*Medical Record*), in a discussion of a portion Dr. Castle's paper on the diseases incidental to the cessation of menstruation, said:

"Laxatives and purgatives were useful in a certain class of cases and injurious in another. He regarded them as extremely useful where there was a tendency at the climacteric period to plethora, to become stout, and the patients suffered from palpitation and a feeling of pressure in the head, etc. In those cases he ordered the patient to take a saline laxative daily, for a few

days, at the time corresponding to that at which menstruation usually occurred. But there was another class—that in which the patient suffered from cold feet and extremities, face flushed perhaps, tendency to vertigo, had shortness of breath on exercise, sense of depression, etc.,—in which purgatives and saline laxatives would be the worst treatment, but, on the other hand, marked benefit followed the use of the bromide of potassium, eight or ten grains, three times a day, combined with iron—preferably the lactate. With reference to arsenic, there was no remedy more efficient in cases in which a nerve-tonic was needed, and in which the sense of depression and exhaustion were prominent symptoms. It was a remedy which he had used and recommended for many years, and with very satisfactory results. He had found it almost a specific in the class of cases in which there was a small loss of blood daily, perhaps not more than a teaspoonful, but sometimes prolonged for weeks, and accompanied by great depression, though not the cause of it.—*Med. Digest, June.*

### VICARIOUS MENSTRUATION.

Mr. STEAR reported, at the meeting of the Cambridge Medical Society, a case of vicarious menstruation from the nipples, occurring in a healthy woman aged fifty, who had been married many years, but had never been pregnant. She stated that menstruation commenced at the age of thirteen, and had been regular and normal until about two years ago, when it ceased. For twelve months past, however, she had suffered from a discharge of blood from the nipples, which recurred every month and lasted from three to four days, the quantity of blood being such that she was obliged to wear a napkin. The breasts at these times were very painful, the pain being similar in character to that which she had always experienced when menstruating normally. The mammae were large, but presented no abnormal appearance. There could be no doubt as to the genuineness of the case, as he had himself seen her more than once when the discharge was present; moreover, his patient had been much alarmed by its occurrence, and showed great anxiety to be relieved. Professor Paget said that many years ago he had seen a young girl at the Moorfields Hospital who every month had a small effusion of blood into the anterior chamber of the eye at the menstrual period, the effusion becoming absorbed during the intervals.

An unusual case of vicarious menstruation is reported (*Amer. Jour. Obst.*) by Dr. J. T. Gordon. The subject, a woman 41 years of age and weighing 254 pounds, bleeds "from the inner side of the thumb near the junction of the phalanges." The bleeding recurs monthly, last from three to five days, is pretty profuse and is entirely painless. The bleeding has continued at the monthly periods for seven years with the exception of a period of about a year and a half during which she had borne and nursed a child.

During the intervals between the bleedings, the spot is recognized by a slight blueness of the skin over an area not larger than a split pea.—*Indp't Pract.*

### PILOCARPIN AND AMENORRHOEA.

Dr. McKEOWN found in one case that pilocarpin given to a healthy girl who had some eye trouble, produced bloody discharges from the vagina. He suggests the possibility of its value in amenorrhœa.—*Dublin Med. Jour.—Med. Record, July 29.*

### QUININE ARSENITE IN MENORRHAGIA.

Dr. A. C. LOVE, Donaldsonville, Louisiana, (*Medical Brief, June, 1882*), cites several cases of menorrhagia occurring in females, anæmic from malaria, which recovered under the use of the third of a grain of arsenite of quinine, taken three times a day after meals for ten days.—*Chicago Med. Rev., June 15.*

## DISEASES OF CHILDREN.

## OMPHALITIS AND ITS COMPLICATIONS.

ANNA LUKENS, M. D., Resident Physician to the Country Branch of the Nursery and Child's Hospital, Staten Island, treats of omphalitis of the newborn. After giving an illustrative case, she remarks that the disease is of rare occurrence, but that it is said to occur even during foetal life, by the movements of the child causing traction upon an unusually short cord, or one that is wound around the body of the foetus. As described by Hennig, there are four varieties: 1. A mild form, in which the navel is prominent, the surrounding skin is reddened, the abdomen is distended, and, when the abdominal walls are thin, the vein can be felt as a cord extending from the liver to the umbilicus. 2. In the second or severe form, the navel is infiltrated and surrounded by a reddish-blue circle. Erysipelas frequently occurs and extends over the abdomen and the lower extremities. There is greater distension of the abdomen, even when peritonitis does not occur, than in the mild form. The urine is sometimes bloody or icteric. The stools are greenish or bloody. Movements of the inflamed navel are painful, and may cause convulsions or trismus. Recovery is rare in the severe cases, but may occur after the disease has continued two or three weeks. 3. The third variety is the croupous or diphtheritic. The peritonæum behind it is usually involved in the inflammation, and frequently the contiguous coil of intestine. 4. The fourth variety consists of an inflammation of the tissues surrounding the umbilical vessels within the abdominal cavity, and often accompanies puerperal disease. It is usually limited to the vicinity of the navel, but may extend along the course of the umbilical vein to the capsule of Glisson. Early in the disease the umbilical vessels are not affected, but they subsequently participate in the inflammation, and necrosis may occur from compression by the shrinking exudation. The peritonæum is at first only locally injected; afterward a yellowish infiltration separates it from the posterior wall of the umbilical fossa. Omphalitis may occur primarily, or secondarily to other diseases. It is attributed sometimes to anomalies in the closure of the navel, to rough handling, to uncleanliness, to impure air, or to puerperal infection. Peritonitis and thrombosis of the umbilical vessels, with subsequent phlebitis and arteritis, are frequent complications. Umbilical hæmorrhage, icterus, and pyæmia may also occur. Umbilical phlebitis may be produced by purulent matter entering the vessels from the fossa of the umbilicus, also by traction on the cord or tight bandages, or it may be secondary to omphalitis when non-involution of the umbilical vein exists. Thrombosis sometimes has an intra-uterine origin. Inflammation of the umbilicus, and especially of the outer walls of the umbilical vessels, is an important factor in causing non-involution. Besides other causes, thrombosis may also be due to defective nutrition of the vascular walls themselves, arising from a general septic poisoning, causing pyæmia or septicæmia. Whereas, on the one hand, thrombosis may occur from septic absorption, so, on the other, there may be general septic poisoning after involution of the vessels, when no thrombosis can occur. The infection may be limited by thrombosis *in situ* of the umbilical vein, just as the uterine lymphatic glands may sometimes limit the diffusion of poison in puerperal infection. The principal danger in thrombosis of the umbilical vessels is the softening and breaking up of the coagulum, with the formation of distant emboli. As the umbilical vein is, of all the blood-vessels peculiar to foetal life, the first to undergo involution, and is even at birth sometimes found considerably contracted, softened clots can rarely be admitted to the venous blood through the ductus venosus. Even an embolus in the liver is an exceptional occurrence. A coagulum at the entrance of the umbilical vein into the portal vein has been frequently observed, but is believed to be a local thrombosis and not an embolus. Thrombosis sometimes, though rarely, extends from the umbilical vein into branches of the portal vein. In regard to the pathological anatomy of umbilical phlebitis, the vein frequently pre-

sents a hard, cord-like feeling, the walls being thickened and often unevenly dilated. The contents may consist of simple disintegrated coagula or of uniform laudable pus. Sometimes the pus column is separated by cheesy masses. Occasionally a pseudo-membrane is found lining the vein. The intima and middle coat finally dissolve into a mass of white blood-corpuscles. The liver is sometimes, though rarely, affected. Bednar once found, in umbilical phlebitis, the hepatic vein inflamed, and nearly all its branches filled with pus, which, on section of the liver, flowed out in great quantities. Emboli in the hepatic branches of the portal vein have not been clearly demonstrated. When inflammation of the connective tissue around the umbilical vein extends to the capsule of Glisson, the latter becomes swollen and infiltrated. The inflammation may extend to the hepatic parenchyma, and by compression of the bile ducts produce mechanical icterus, which assumes, however, the malignant form. The symptoms of phlebitis are a cyanotic or icteric hue of the surface. Pemphigus vesicles and hæmorrhagic abscesses are frequent. Gangrene, especially over the sacrum and of the navel, may occur. The purulent contents of the vein can sometimes be pressed out through the umbilical fossa. The umbilicus becomes prominent and indurated. The cord may have fallen or be still adherent. The inflamed vein can sometimes be felt through the abdominal wall. Next to peritonitis, meningitis is the most frequent complication. Peritonitis may be circumscribed or general. The peritoneal fold surrounding the umbilical vein is often the starting-point of the inflammation. Phlebitis is often only recognized after the appearance of purulent infection. It occurs between the first and twenty-eighth days, most frequently on the seventh. The fatal termination may be either from general septic poisoning, from peritonitis, from embolic infarction and metastatic abscesses, or from thrombosis in important vascular territories. Inflammation of the umbilical arteries may be confined to the seat of the coagulum, the remaining portion of the vessel being contracted or even closed. The coats of the vessels become swollen and gradually disintegrate, and finally perforation occurs. The adventitia is the seat of the principal changes, which readily extend to the surrounding tissue. Arteritis may occur after the umbilicus is almost or entirely healed, and the latter may afterward begin to protrude, inflame, and suppurate. Pus can sometimes be pressed out by making pressure upward from the bladder. At times there is retention of urine, with painful micturition and sensitiveness in the region of the bladder. Icterus and peritonitis may occur, but belong more particularly to phlebitis. The contrast between arteritis and phlebitis is striking. Arteritis is rarely accompanied by fever, icterus, or pyæmia, and is almost always cured. Phlebitis has all the above-mentioned complications, and is almost always fatal. Arteritis is rarely a cause of general infection, but pyæmia may occur by purulent matter from the arteries being taken up from the umbilical fossa by the vein. This occurs more easily when the navel has been closed or healed over. Or infectious material could pass, in the opposite direction, into the pelvic blood-vessels, and from these into the general circulation. The neighboring lymph vessels can also take up molecular detritus and carry it into the circulation. Thrombosis of the ductus Botalli has been observed in arteritis, but oftener in phlebitis.—*N. Y. Med. Jour.*, June.

#### INFANTILE DIARRHŒA.—IMPORTANCE OF PROPER FOOD.

During the period of dentition, so apt to be accompanied by severe disturbance of the bowels, the importance of proper food—that especially easy of assimilation by the sympathetically irritated alimentary tract, cannot be over-estimated. It is too often the case that the constitutional condition of the mother or nurse is far from being such as is consistent with the secretion of good, nutritious milk—and in proportion to the absence of life-giving elements in the milk itself the child is unintentionally placed on starvation rations—getting perhaps enough milk in quantity during the acts of nursing, but of such inferior quality as to seriously jepordize its life.

It is well known that the milk, for instance, of an anæmic woman is deficient in its nutritious elements for the proper sustenance of an infant.

The same may be said of the milk secreted by very old and very young women—women convalescing from neurotic diseases—those disturbing the circulatory medium:—the zymotic and the inflammatory.

Many of the so-called cases of "Summer Complaint" of infants are cases of dentition aggravated by improper milk furnished by the nurse or mother.

In such cases the physician should order milk especially prepared, and of the several excellent articles in market, none excel the Anglo-Swiss Milk.—*Druggists' News*.

#### UREMIA IN CHILDREN.—PILOCARPIN.

From the study of eleven cases, all treated by muriate of pilocarpin, Dr. Praetorius, of Mayence, arrives at the following conclusions: The action of the alkaloid of jaborandi on children may be recognized by active carotid pulsation, reddening of the face, and profuse perspiration, which begins on the forehead, upper lip, and chin, and gradually extends over the whole body. These symptoms appear about three to five minutes after hypodermic administration of the drug. Accompanying the diaphoresis a profuse salivary secretion is observable. In infants the sialagogue action is the more reliable of the two. The temperature is affected only in so far as the evaporation from the sweating cutaneous surface produces a slight secondary lowering. The single dose of the drug is  $\frac{1}{16}$  to  $\frac{1}{8}$  of a grain. The children, as a rule, complain of severe nausea, and vomiting is frequent. Conditions of slight collapse are sometimes noticeable.

The following *résumé* of inferences is appended to the paper:

1. The treatment of uremia by hypodermic use of pilocarpin gives satisfactory results. It appears advisable to resort to this plan of treatment as soon as headache, an irregular pulse, and vomiting, point to the probability of renal complications.

2. The contra-indications for its employment are, the presence of grave complications, abnormal weakness, collapse, or general cutaneous dropsy.

3. It appears that in "glomerular" nephritis pilocarpin fails to produce a beneficial effect; but as this variety of Bright's disease cannot be differentiated from other forms by our present method of examination, this condition cannot of course be classed with the contra-indications.

4. In addition to the diaphoretic action of the muriate of pilocarpin, a direct influence on the renal secretions appears to exist.—*Jahrb. für Kinderheilkunde*.—*Indep't Pract.*, July.

#### TREATMENT OF CHOLERA INFANTUM.

Dr. A. H. S. DEYOUNG, who has had much experience in the treatment of cholera infantum, gives as his mode of treatment the following prescription:

R. Bismuth subnit., gr. v; pulv. ipecac. comp., gr. j or ss; sodii. bicarb., gr. j. M. Ft. pulv. No. 1. Sig. Give every two hours, usually preceded by oleum ricini if the case is not urgent.

Should, however, the symptoms be such that life is endangered, and energetic measures indicated, he uses, in addition, counter-irritation to the abdomen, and small doses of whiskey or aromatic spirits of ammonia internally. He has seen some excellent results from the above plan of treatment, whilst he has had some success with the old plan of treating with small doses of calomel (gr.  $\frac{1}{16}$  to  $\frac{1}{8}$ ) administered every two or three hours.—*Med. Bulletin*, July.

#### INFANTILE CONVULSIONS.

The adopted and regular treatment of M. Jules Simon, of the Hospital des Enfants Malades, for infantile convulsions is as follows: On arrival the first thing he orders is an injection of salt and water, salad oil, or glycerine, or honey, which he administers himself, as he has too often observed that the parents or the nurse have already lost their wits. If the teeth can be opened



sufficiently a vomitive is given which clears the stomach of any food that could not be digested—the most frequent cause of convulsions. However, the attack continues but soon ceases on applying a handkerchief, on which a few drops of chloroform are poured, to the mouth, which the child inhales largely. If convulsions reappear the anæsthetic is renewed, and the child is placed in a mustard bath for a few minutes and then wiped dry and placed on his bed properly wrapped. Chloroform might be again administered if, after an interval, the child was seized again, and before leaving the nurse M. Simon prescribes a four ounce potion containing sixteen grains of bromide of potassium, one grain of musk, and a proportional preparation of opium, for he does not believe that the brain is congested in these attacks, it is rather excited, and the opium acts as a sedative. A teaspoonful of the mixture is given several times a day. On the following days the child is generally restless and irritable and ready to be attacked again, but a small blister about an inch square is applied to the back of the neck and left on about three hours, when it is replaced by a poultice of linseed meal and gives most satisfactory results. M. Simon, in terminating, says “such is the treatment that I have instituted in my practice of every day.”—*Medical Press and Cir.—Cin. Lancet and Clin.*, June 17.

### BLISTERS IN YOUNG CHILDREN.

M. ARCHAMBAULT (*Jour. de Méd. et de Chir.*) points out that blisters should not be used as routine treatment in children, as they are always painful and often harmful. In a child of a year old, the blister should not be left on longer than one hour; at four or five years, four hours is enough. The blisters should be covered with a piece of oiled silk paper. Blisters should never be applied to cachectic children or to those with a tendency to skin eruptions; but above all, blisters should be avoided in diphtheria and croup, and at the terminations of scarlatina, measles, &c., as he has often seen extensive ulcers so caused. Blisters should not be applied posteriorly or to parts exposed to pressure.—*Birmingham Med. Rev.—Med. Digest*, June.

### INCONTINENCE OF URINE FROM MALFORMATION.

DR. MANUAL ESTRADA (*El Medico y Cirujano Centro Americano*, No. 2) relates a case of incontinence of urine in a child three years of age, with whom various remedies had been tried and failed. A careful examination of the external organs of generation showed that the labia minora had become united, and had sealed up completely the orifice of the vagina, leaving, however, the meatus urinarius free. The labia having been divided with a bistoury, it was then found that the hymen consisted of muscular fibres, extending in a direction from below upward, and intercrossed. Their action would be to draw the urethra downward, and in this way to exercise traction on the trigone of the bladder, with the result of causing irritation, and probably incontinence. The treatment, which was perfectly successful, consisted in dividing the parts freely, and fastening them back with sutures to prevent reapposition. The author calls attention to the necessity of examining the external organs of children carefully in all cases of incontinence of urine, where the usual remedies have failed.—*St. Louis Clin. Record*.

### DETECTION AND MEASUREMENT OF URINARY CALCULI IN CHILDREN.

RICHARD VOLKMANN, of Halle, mentions a new method, especially applicable to children, by which it is possible to detect a calculus in the bladder, and even to determine its size and form approximately.

Under anæsthesia he introduces two fingers into the rectum. By pressing the bladder against the pubic symphysis, the stone is felt. By lifting it above the symphysis, and holding it in that position, the other hand can determine its size and form. Sometimes it succeeds to place the calculus in front of the symphysis, so that it might be fixed with an elastic cord, preparatory to the supra-pubic section for its removal.—*Can. Jour. Med. Sc.*

## ADDENDA.

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### POST-MORTEM SIGNS OF DROWNING.

From analysis of one hundred and seventy cases of drowning, of which the appearances are arranged in tabular form, Dr. F. Ogston, Jr., draws the following conclusions:

1. When an external examination of the body only is allowed, if abundance of water pours from the mouth on turning the corpse face downward, and if white watery froth is found at the mouth and nostrils, or if it may be made to issue from them on compressing the chest, we may be justified in giving an opinion as to the probability of drowning, especially when the accessory signs, viz., rosy redness of the face and front of the chest, goose-skin, and bleaching and corrugation of the hands, are well marked, presuming always that no lethal injuries are seen on the body which would appear to have been inflicted before death, and no traces of corrosive action, etc., from poisons be observable about the lips, hands, clothes, etc., but that to justify us in giving a more positive opinion we ought to have furnished to us a detailed account of the locality in which, and the circumstances under which, the body was observed before its removal to the place where it lies for examination.

2. That where a complete inspection of the body is permitted, we may give a more positive opinion when, in addition to the external appearances, water in marked quantity, mixed with white watery froth, is found in the lungs and stomach, and also, perhaps, when a large quantity of watery fluid is seen in the pleural cavities, when sand, seaweed, etc., are found in the bronchi, or even in the trachea, when the lungs are bulky or protrude on the removal of the sternum, and when the blood within the heart is wholly fluid—especially when with these signs we find marked appearances of asphyxia in the heart, lungs, liver, etc.—*Edinburgh Med. Jour.*—*Med. News*, July 22.

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### HYPODERMIC USE OF AMYL NITRITE.

J. J. FREDERIC BARNES, M.R.C.P., F.R.C.S., writing to the *British Medical Journal*, says he has employed the nitrite of amyl hypodermically, upward of thirty times during the last eighteen months. He uses a ten per cent. solution in rectified spirit, injecting ten minims (one minim of the nitrite) each time. He reports instant relief in lumbago and duodenal colic.—*Can. Jour. Med. Sc.*, July.

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### EASY DIFFERENTIAL TEST FOR VARIOUS ALKALOIDS.

MAURICE ROBIN (*La Union Médical*) mixes a particle of the suspected alkaloid intimately with double its weight of pulverized cane sugar, and puts upon the top of the mixture one or two drops of C. P. sulphuric acid. This will give a particular and distinguishing color for nearly all the alkaloids. Muriate of morphia gives a beautiful rose color, passing rapidly to violet, closely resembling a solution of permanganate of potash. Codeia gives a cherry red, afterward violet. It is easy to distinguish codeia from morphia

in this way, this being very important, as codeia at present only gives comparatively negative characteristics with the other alkaloids. The same reaction enables us to detect ulceration of codeia with sugar candy and a few other substances. Sulphate of quinine gives a greenish color, afterward clear yellow, then coffee-black surrounded by a yellowish circle. Sulphate of atropia, violet, turning to brown. Strychnia, red color, changing to coffee-black; the same as santonine. Narcotina, a beautiful brown mahogany, very pure and persistent; completely characteristic. Salicin gives a vivid red. Veratria gives a deep green. Sugar of milk will give some of these reactions, but they are less decisive.—*Low. Med. News, June 17.*

### THERAPEUTICAL NOTES.

Iridin is a possible preventive of the formation of gall-stones.

*Tincture of tayuya*, Brazilian plant, is reported from Italy as an efficient anti-syphilitic. The dose is from six to sixty drops.

*Wood betony* (Betonica), a revived remedy, is the latest addition to the anti-alcoholic drugs.

The sugared milk of *papaine* injected into parasitic tumors has been found to resolve them.

*Arsenic* will often cure cases of pernicious anæmia where iron fails.

*Hydrarg. bichlor.* in small continuous doses causes an increase of weight in healthy persons.

*Fuchsine* (gr. ss. in pill), twice daily, acts wonderfully well in albuminuria, especially where there are contracted kidneys.

*Hypodermic injection of cold water* over the epigastrium has been found curative of phthisical and of nervous vomiting.

In asthma Dr. Murrell found drachm doses of *resorcin* in milk curative, but it is apt to cause symptoms similar to carbolic acid poisoning.

M. Vidal in *non-puerperal peritonitis*, and in broncho-pneumonia of infants, has found excellent results from flannel compresses, saturated with turpentine, and covered with oiled silk. In an hour vesication occurs, with rise of pulse and increase of strength.—*Australian Med. Jour.—Med. Record, July 8.*

### BEEF PEPTONE.

The subject of peptones as aliments in low or exhausted conditions of the nutritive apparatus has been for some time under consideration, and has been experimented with, but the practical solution of the question presented numerous obstacles not readily overcome. The progress in the manufacture of pepsine alone made it possible to present to the practitioner, soluble and diffusible fibrin and albumen for medical purposes. Dr. Jensen has in this beef peptone admirably succeeded in producing such an article, and by rendering it in a dry state, has overcome the difficulty which heretofore existed. This peptone is an artificially digested beef, the objections as to the bitter and disagreeable taste imparted to it by the pepsin, this manufacturer has successfully removed. He offers it in scales of which one part represents sixteen of fresh beef, thus presenting a true nutrient in the most concentrated form possible, which, with the chymifiant process already accomplished, is capable of being at once elaborated into chyle and blood. Dissolved in a little warm water, it makes at once a beef tea that has not alone the agreeable flavor of fresh beef, but also its alimentary power.

For rectal as well as oral administration it offers to medicine a new agent by which to overcome asthenic inanition, and thus combat one of the worst features of acute as well as chronic disease.—*Medical Bulletin.*

### SPINAL INJURIES AND HIGH HEELED SHOES.

According to the *St. James Gazette*, an action brought in London to recover compensation for personal injuries, was defended on the ground of contributory negligence. While stepping on board a vessel belonging to the defend-

ant, the plaintiff's wife slipped and fell, breaking her leg. A question was raised as to the height of the heels of her boots. She described them as being not very high, about the usual height. A medical expert said that the heels of the boots worn by plaintiff's wife were not very high; but admitted that high heels led to many accidents, and in some cases "conducted to injury of the spine." The jury found a verdict for the defendant.—*Chicago Med. Rev.*, June 15.

#### PEDANTRY.—MODERN SPECIMEN.

Dr. BOZEMAN's article on "Genital Renovation" has in it much of value, but we must condemn the appearance of pedantry in his nomenclature. Is there any real advantage in writing language like this:—"Genital renovation, or genital anakainosis, as opposed to genital kleisis, particularly by kolpostenotomy and kolpoecpetasis in urinary and fecal fistules, without interference with the functions, is the title, etc.?" With an English-Greek lexicon at hand, it is easy to fill a page with neologisms, but this mania, now so prevalent with certain specialists, does not advance science.—*Med. and Surg. Rep.*, July 29.

#### SULPHIDE OF CALCIUM AS AN ANTI-SUPPURATIVE.

Dr. ANDREW H. SMITH, Chairman of the Committee on Restoratives of the Therapeutical Society of New York, furnishes to the *New York Medical Journal and Obstetrical Review* for June, 1882, a report of the committee on the use of sulphide of calcium for the purpose of preventing or diminishing suppuration. After giving the experience of several members of the society, Dr. Smith concludes his report as follows: Judging from this limited number of cases, it would seem that we are warranted in concluding that in many cases of suppurative affections, ranging from the small pustules of acne to extensive suppurating surfaces, an appreciable, and often a very marked, benefit is derived from the use of calcium sulphide; suppuration which would otherwise take place being averted, or the quantity and duration of an existing discharge being lessened. At the same time its action is not uniform; and in many apparently favorable cases it will fail entirely. The drug is somewhat prone to irritate the stomach, and this circumstance affords an indication for small doses frequently repeated instead of larger ones at longer intervals. One-tenth of a grain every two hours, in acute cases, will generally secure the full therapeutical action of the drug; but larger doses may sometimes be required, and some patients will bear well a grain three or four times a day. Even in small doses the sulphide will occasionally produce headache, and the patient is usually more or less annoyed by eructation of sulphuretted hydrogen.—*Med. Record*, July 8.

#### HYDRATE OF CHLORAL AND TINCTURE IODINE.

According to the authority of Pavesi, the therapeutic powers of tincture of iodine are increased by the addition of chloral hydrate, which dissolves in it without decomposition, and is readily miscible with water without precipitation. This combination possesses remarkable hemostatic virtues, from its marked coagulating powers over albumen.—*Pacific Medical Journal*.

#### OPIUM HABIT.—AVENA SATIVA, OR COMMON OATS.

*Concentrated tincture of avena sativa* has been strongly recommended by Dr. E. H. M. Sell, in a paper read before the State Medical Society, of New York, and published in the *Medical Gazette*, for the cure of the opium habit. This preparation is made by making an alcoholic tincture of common oats,

distilling the alcohol off, and leaving an impure extract. As different extracts require different re-agents for precipitation, the selection of those must be left to the judgment of the chemist. One ounce of the resulting precipitation must be dissolved in ten ounces of alcohol, and this forms the concentrated *avena sativa*. It is prepared by B. Keith & Co., 41 Liberty street, New York City.—*Mass. Ecl. Med. Jour.*, June.

### A TRIUMPH OF DENTISTRY.

At the last meeting of the Medical Society at Strasburg, reported in the *Medical Gazette of Strasburg*, Dr. Julius Böckel presented, in the name of M. Sauval, dentist, a lady for whom the latter had extracted a small molar tooth for dental caries with violent pain; and, having found it slightly carious to the bottom of its root, he sawed off the points of the root, filled it with gold carefully through the carious channel, and then re-planted the tooth. The lady was free from all her pain; the tooth re-established itself solidly in her mouth; and at the date at which she appeared at the society (three weeks after the operation) the tooth served for mastication as well as her other teeth. This is certainly a remarkable example of what is technically described as dental autoprosthesis with aurification.—*British Med. Jour.*—*Amer. Jour. Dental Sc.*, June.

### THERAPEUTIC EFFECTS OF OXYGEN.

M. E. HAGEN, in a report to the Academy of Sciences, gives some facts regarding the physiological and therapeutical effects of oxygen. It is taken in doses of forty to ninety litres per day, in two doses, and mixed with a very small amount of air. It augments the appetite, slightly elevates the temperature, accelerates the circulation, temporarily increases the red corpuscles and the hæmoglobin in the blood and increases the weight of the body. It stimulates the nutritive movements of the tissues, and increases thereby the excretion of the urea. In chlorosis it is a useful adjunct to iron. In vomiting it is especially valuable. After one or two inhalations vomiting will generally stop permanently, if it be not due to organic disease. Vomiting is relieved by oxygen when due to painful dyspepsia, dyspepsia with dilatation, vomiting of pregnancy and uræmia.—*Cincinnati Med. News*.

### CALAMINE LOTION.

The following is the formula prescribed by the late Dr. Tilbury Fox:

R. Levigated calamine, gr. xl; oxide of zinc, gr. xx; glycerin, ℥ xx; rose-water to ℥ j.

The main point is to get the white calamine, and not the red. It is a very soothing application, and is a great favorite with ladies who have flushed faces. It should be applied with a small, soft sponge, and allowed to dry on, the excess of powder being lightly dusted off with an old pocket handkerchief.—*Gaillard's Med. Jour.*, June.

### DIAGNOSIS OF DEATH.

In an article on Hasty Burials, the *Med. Press and Circular*, after referring to a recent case in Brussels where a cataleptic child barely escaped being buried, states that an ophthalmoscopic examination is an excellent means of diagnosis. During the last agony it is easy to identify the gradual anemia of the arteries and the pallor of the optic papilla. When life is extinct the veins become separated at points as if cut by a knife, due to the liberation of the gases of the blood. The phenomena is called pneumatosis.—*Louv. Med. News*.

## LIEBIG'S CORN CURE.

Extract *cannabis indica* 5 parts; salicylic acid 30 parts; collodion 240 parts; mix and dissolve. It is applied with a camel-hair pencil, so as to form a thick coating, for four consecutive nights and mornings. The Indian hemp acts as an anodyne, and the acid disintegrates the corn, so that after a hot bath on the fifth day it will come out, adhering to the artificial skin of collodion on the toe. This causes no pain and is said to be very effective.—*Mich. Med. News*.

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## ACID AND CHALK FOR DEFENSE.

Dr. SIEMENS proposes to defend the Channel Tunnel, if constructed, from hostile invasion, by placing the shore ends in communication with chambers filled with lumps of chalk, and to connect each of them by means of a pipe with a large cistern filled with diluted muriatic acid. Upon opening the communication this acid would flow into the upper portion of one of the chambers, and be distributed by perforated pipes over the chalk, giving rise to a rapid generation of carbonic acid gas, which would for half a mile or more form an insuperable barrier to the passage of human beings through the tunnel.—*Druggists' News*, July 21.

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## POMPEIAN SURGICAL INSTRUMENTS.

In the Museum at Naples are preserved a number of instruments, the uses of which are clearly recognized. They were all taken together from one house. Among them is a pair of forceps, supposed to be used for obstetric forceps; but, according to M. Jonin (*Revue Médicale*), they are more properly surgical. A tube for vaginal injections, the end being perforated by two rows of openings, as well as by a terminal one, very strongly suggests the modern form. There is also a trivalve vaginal speculum, and a bivalve rectal speculum, opened and closed by a screw, and catheters of silver, both male and female. Particular interest attaches to an instrument consisting of an iron rod having a small terminal plate (angle, 135°), which, as suggested by M. Jonin in an article in the *Revue Médicale*, may have been used as a laryngoscope, or at least, acting upon the same principle, for the exploration of deep cavities. Among the instruments are a metallic trocar in two pieces, similar to those in use at the present day, bistouries, very large lancets, various forms of stylets, curved and straight, some probably intended for the examination of carious teeth. There are also curette spatulas, small forceps, and various needles and hooks, and surgical cases with instruments, and cases for pills and ointments, etc.—*Lancet*.—*Med. Times*, July 15.

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## NIGHTMARE PILLOWS.

The *American Journal of Otology* reports the following: "A doctor of extensive practice suffered from a crackling noise every night just after going to bed. He happened to mention his sufferings to one of his lady patients, who told him of a case she knew where the noise was found due to maggots in the pillow. The doctor examined his own pillow when he got home and found plenty of maggots, the pillow having gone far toward decay. A new pillow cured him."—*Detroit Lancet*, July.

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## THERAPEUTIC NOTES.

Inhalation of five to ten drops of amyl nitrite will break up the chill of malaria fever; so will the hypodermic injection of one-sixth of a grain of muriate of pilocarpine. It is said that twenty drops of oil of turpentine will

control the diarrhœa of typhoid fever. Two to five drops of wine of ipecacuanha three times a day will, in the majority of cases, check the vomiting of pregnancy.—*Indep't Practitioner*.

#### ODOFORM PENCILS.

Pencils of Iodoform are prepared by K. Mueller by triturating 92.5 grams finely powdered iodoform with a solution of 5 grams gum arabic in 2.5 grams each of glycerine and water until a plastic mass is obtained, which is rolled out to the desired thickness, and cut into pieces of about about 10 centimetres (4 inches). Should the mass become too brittle a few drops of water are added. The pencils become dry in about two hours, and to prevent flattening are laid upon wax paper, creased so as to form a gutter.—*Phar. Ztg.*, 1882.—*Gaillard's Med. Jour.*, June.

#### SMALL-POX IN BIRDS.

Dr. WILLIAM GAYTON, Medical Superintendent of the Small-Pox Hospital at Homerton, England, writes (*British Medical Journal*) concerning this subject as follows:

"Apropos of 'small-pox in birds,' I may, perhaps, mention the fact that some years ago, a former steward of this hospital was in the habit of breeding a large number of canaries. As these arrived at maturity it was a common occurrence to find many of them dead, and presenting evidence of having suffered from some eruptive disease. It was further observed that, when the hospital contained a somewhat large number of patients, the mortality among the birds increased, and *vice versa*."—*Med. Record*, July 1.

#### INSANITY IN CHILDREN.

Dr. MAGNAN (*Journal de Médecine et de Chirurgie Practiques*, April, 1882,) reports a case of insanity in a child four years old, marked like most cases of insanity in children by hallucinations, and attempts at suicide. The child, a boy, was born in Paris during the siege of 1870, and the paternal grandfather and uncle died insane. The father became insane at the age of twenty-eight, and entered the asylum at the same time as his child. The child was markedly melancholic on admission.—*Chicago Med. Rev.*

#### MACALLINE.—NEW ANTIPYRETIC.

Macalline, an alkaloid obtained from the bark of the macallo, a tree which grows in Yucatan, is recommended by Dr. Rosado as superior to quinine in the treatment of intermittent and remittent fevers.—*Chicago Med. Rev.*, July 1.

#### LEMONADE IRON.

Prof. GOODELL, Philadelphia, gives the following as a pleasant tonic:—

B. Tincturæ ferri chloridi, f 3 iv; acidi phosphorici diluti, f 3 vj; spiritus limonis, f 3 ij; syrupi, q. s., ad. f 3 vj. M. Sig. A dessertspoonful, in water, after meals.

I do not use the syrup of lemon in this prescription, because it is sour, and there is enough of acid in the tincture of iron and phosphoric acid. I, therefore, add the simple syrup and spirits of lemon. If you wish to give the iron as a chloride, you cannot do so by this formula, for I believe the chloride of iron in this combination breaks up into phosphate of iron, while hydrochloric acid is set free.—*Med. Bulletin*.

## BITES OF FLEAS AND OTHER PARASITES.

Dr. F. J. CORBOULD (*British Med. Journal*) recommends as a means of protection against the bites of fleas, bugs, mosquitoes, etc., the application to the skin of a tincture of the pyrethrum roseum, made with a powder shaken up in eau de Cologne. He thinks this a much more agreeable application than any oil or ointment.—*Louv. Med. News*, July 29.

## CURIOUS COSMETIC INVENTION.

In Paris, says the *Lancet*, false ears are a new manufacture for the toilet. Ladies who think they have ugly ears place these artistic productions under luxuriant tresses of false hair, fasten them to the natural ears, and wear them for show. False hair, false teeth, false breasts, false hips, false calves, false ears—next?—*Med. and Surg. Rep.*

## PURGATIVE LINIMENT.

When medicine cannot be administered the following may be used:

Tincture of colocynth,  $\frac{3}{4}$  j; castor oil,  $\frac{3}{4}$  ij.

The tincture of colocynth is to be prepared from stronger alcohol and one-tenth of its weight of colocynth deprived of seeds. A teaspoonful of the liniment is to be rubbed on the abdomen morning and night.—*Drug. Cir.*, June.

## QUININE ENEMATA.

In a lecture on the treatment of malaria fever, published in the *Detroit Lancet*, Dr. Alonzo Clark, of New York, with regard to the methods of administration, observes:

I have not become a lover of the hypodermic injection of quinine, for it so very generally has made sores in instances where I have seen it used. If the druggist can prepare it in such a way that there will be no irritation I would be less inclined to object to it; but I know it is effectually administered by injection into the bowel, and given in this manner it acts, at least, in an innocent way. But it must be given in large doses to be effective. The doses that were employed four or five years ago would seem only to inflame the fever and not to reduce the temperature. It must be used in ten grain doses, three times a day, and you will find that injecting it into the bowel will be just as efficacious as if it were taken by the mouth. The old account of the matter was that a double dose should be given when the medicine should be administered by injection. I do not think so, and I feel quite sure that I can make five or ten grains of quinine, properly dissolved, do just as much for the general system, when injected into the bowel as if it were taken into the stomach. It may not be true of a large circle of medicines, but I am confident that it is of this.—*Can. Med. Record*, June.

## TO HASTEN THE ACTION OF QUININE.

Dr. STARKE (*Berliner Klin. Wochenschrift*) advises that before swallowing powder or pills of quinine, a weak tartaric acid lemonade be taken. This procedure not only greatly accelerates the solution and absorption of the quinine, rendering its physiological action much more prompt, but also obviates that unpleasant gastric irritability so common after the administration of large doses of this drug.—*Druggists' Cir.*, June.

## EXPLOSIVE MIXTURE.

A druggist near Philadelphia was severely injured recently by the explosion of a mixture of chlorate of potash and tannin. Each had been separately powdered, and he was simply mixing the powders.—*Detroit Lancet*, June.



## MANNER OF ADMINISTERING TANNIN.

Tannin, given by the mouth, either in powder or in simple solution, often gives bad results; sometimes having no effect, and often causing pain or inflammation of the stomach and intestines. At the polyclinic of Leipzig, this is avoided by the use of the following mixture, of agreeable taste, yet astringent, and easy taken by children; it is an albuminate of tannin:—

R. Tannic acid, 3 j; white of egg, 3 iij; water, 3 iij. M.

While adding the white of egg, the mixture should be continually agitated.—*Med. and Surg. Rep.*, July 1

## DEPILATORY OINTMENT.

Carbonis lignis, 3 j; calcis ustæ, 3 iv; sodii carbonatis, 3 j; glycerinæ, 3 j; adipis, 3 vij.

This depilatory is applied to the skin for ten or twelve days, when the latter assumes a rose tint, and the hairs may be extracted without pain.—*Druggists' Cir.*, June.

## USES OF NITRATE OF SILVER.

Dr. CHAS. K. MILLS, speaking of nitrate of silver (*Philadelphia Medical Times*), said that in nervous disorders he had found it one of the most useful remedies. In posterior spinal sclerosis, it ranked next to iodide of potassium. In chorea he had given it also with apparent success; and sometimes it seemed to be of use in sclerosis of the lateral columns. In epilepsy it was not so good as the bromides, or as the zinc salts with belladonna.—*Med. Record*, June 3.

## HORSFORD'S ACID PHOSPHATE.

For repairing the waste of the phosphates in the human system consequent upon protracted mental or physical labor, there are few preparations that performs the work more thoroughly, and at the same time is so pleasant in its administration as the Acid Phosphate of Prof. Horsford.

The importance of such a remedy to the profession has been clearly established by such competent authorities as Prof. Wm. A. Hammond, Drs. Fordyce Barker, W. H. Van Buren and others. Prof. R. Ogden Doremus states that the greater proportion of phosphates in urine after excessive mental labor has been clearly established by chemical analysis, and to repair this waste Dr. Hammond affirms that he habitually uses phosphoric acid and the phosphates.

This Acid Phosphate recommends itself to the profession, particularly in all cases arising from a debilitated condition of the system in nervous diseases, and where the waste of the phosphates is greater than the supply.—*Exchange*.

## COLDEN'S LIEBIG'S LIQUID EXTRACT OF BEEF

Is composed of the purest Extract of Beef. For the production of one pound, thirty-four pounds of the finest beef are required, without any fat, bone or sinews—by Baron von Liebig's process—together with iron, quinine and roots known for their tonic and health-giving properties.

As its name implies, the article is mainly tonic and nutritive in action, and is peculiarly qualified to supply that stamina and nervous energy which persons enfeebled by bodily disorders, or inherently weak or convalescing, so much require.—*Exchange*.

# QUARTERLY EPITOME.

## EDITORIAL DEPARTMENT.

### MORE "ETHICS."

There were times, in the "dim vista of the remotely past," when we entertained an occasional hope that, once the assassin of the late President was actually dead and buried, an enduring Public suffering throes of hyperemesis superinduced by surfeit of Giteauism—would be allowed "a rest," and that everybody—the crime being expiated, would intuitively "let up" on all that might tend to perpetuate the memory of at least some of the specially disagreeable outgrowths incident to our national infliction.

It seemed, in the dim, etc., aforesaid, sufficiently humiliating for all ordinary chastening purposes that not only were the profession kept abashed by repeated squabbles among the doctors, over the prostrate body of the wounded President—but the situation was daily aggravated, for weeks, by acrimonious aspersions from surgeons whose jealousies were piqued by supposed slight—the "interviewed" not having been called to Washington in consultation.

It is not our purpose to recapitulate all the infractions perpetrated, not only upon the Code of Ethics, but upon that of common decency in which the public have some interest—for that would be adding to the inflictions of which we complain—but it does seem, after passing the tedious anxieties of that summer, followed by the winter of gladiatorial combats between self-styled experts in the judicial arena,

slightly corrugating to one's feelings, that now, after Justice has swung the murderer into eternity, and the community were about to indulge in a siesta of supposed immunity—we are again rudely startled, and this time by the clash of resounding scalpels in the hands of still other and further aspirants to questionable fame—the doctors engaged in the post-mortem of Guiteau.

While it is difficult to conjecture what good to science this post-mortem could have been expected to develop, it is generally conceded that the investigation was remarkable for nothing aside from the fight, except the slovenly manner in which it was conducted.

We are not prepared to believe that these alleged anatomists could have really expected to find evidence to either confirm or refute the charge of insanity, by post-mortem investigation.

They must have known, that since anatomy became a science, the ablest men the profession has developed, have sought in vain, to establish some one constant pathognomonic condition peculiar alone and exclusively found in the brain of an insane person.

The account of this disgraceful affair is given to the public in a double-column article with the caption—

"HARTIGAN-SOWERS."

We are not surprised that Hartigan *sours*; everyone *sours* over the contemplation of such ghoulish business.

In the absence of any excuse for it, the secret of this senseless riot seems

to be, that these were of the many petit saw-bones left over, who seeing this to be the last flicker of a chance to soar into public view "to be seen of men" availed themselves of their opportunity to "ketch on," and regardless, like their more renowned exemplars, that the public eye should be respected, wound up the bloody tragedy by falling upon and mangling each other over the mangled remains of the dead egotist.

If the wranglers who have sought to vault into notoriety as appendages to the ante-mortem Guiteau kite, have

been harshly criticised, what language shall be employed, expressive of professional sentiment regarding the performers at the late post-mortem phantasmagorical exhibition at the Capital.

We leave the unsavory subject as one altogether beyond our capacities in cynicism.

We would not, however, be surprised if some dramatist finds in it the elements of a hobgoblin play, and develops the plot so as to represent the ghost of Guiteau conspicuously cajoled by such tribute to his egotism.

## BOOK NOTICES.

**DISEASES OF WOMEN:** including their Pathology Causation, Symptoms, Diagnosis, and Treatment. A Manual for Students and Practitioners. By Arthur W. Edis, M.D., Lond., F.R.C.P., M.R.C.S., Assistant Obstetric Physician to the Middlesex Hospital. With 148 illustrations. Philadelphia: Henry C. Lea's Son & Co. 1882.

This author is favorably known as one of the most active workers in the Obstetrical Society of London, a body comprising over seven hundred members—and being a practical man, his work abounds in practical teachings which will be appreciated by students and young physicians.

The work is largely a compilation from American and European writers, and being supplemented with the ripe experience of the author, is made to embody a large amount of information in a condensed form.

More space is devoted, than usual, to Diseases of the Vulva, which have not heretofore received that attention in works of this character, which they deserve.

Special prominence is given to the subjects of Displacements of the Uterus and Diseases of the Ovaries.

**MANUAL OF DENTAL SURGERY AND PATHOLOGY.** By Alfred Coleman, L.R.C.P., Senior Dental Surgeon and Dental Lecturer to St. Bartholomew's Hospital, London, etc., etc. Thoroughly revised and adapted to the use of American Students and Practitioners, by Thos. C. Stellwagen, M.A., M.D., D.D.S., Prof. of Physiology at Philadelphia Dental College. Henry C. Lea's Son & Co., Philadelphia. 1882.

While the subjects of Dental Anatomy and Mechanisms have received ample consideration in special works, Dental Surgery has not received that attention at the hands of the professional writer, which its vast importance demands; and it is to remedy this neglect that Prof. Coleman has embodied the results of his large practical experience in the Dental Department in the largest Medical School in London.

Prof. Stellwagen has carefully revised it to meet the situation in this country, and has added a large number of notes descriptive of variations in practice, and has substituted illustrations of American instruments and appliances wherever, in his judgment, they are superior to the English.

# QUARTERLY EPITOME

OF AMERICAN

PRACTICAL MEDICINE AND SURGERY;

*Supplementary*

TO

## BRAITHWAITE'S RETROSPECT;

CONTAINING A RETROSPECTIVE VIEW OF EVERY DISCOVERY AND PRACTICAL IMPROVEMENT IN  
THE MEDICAL SCIENCES, ABSTRACTED FROM THE CURRENT MEDICAL JOURNALS  
OF THE UNITED STATES AND CANADA.

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PART XII.....DECEMBER.....1882.

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## GENERAL INDEX TO VOL. III.

# PRACTICAL MEDICINE.

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## CONDITIONS AFFECTING THE SYSTEM GENERALLY.

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### THE BACTERIAN CLASS.

By degrees we are adding one disease after another to what might be termed the "Bacterian Class." Bacteria, bacilli, micrococci, etc., are terms heard on every side, and yet few, comparatively speaking, have any true conception of what the terms mean. Dr. Charles S. Dolley, of Rochester, New York, in a paper read before the Rochester Society of Natural Sciences, has furnished a very lucid and interesting account of the main points connected with bacteria. The term bacteria, while used comprehensively to designate the whole class of minute organisms under consideration, the author considers an error, since the *bacteria*, in truth, constitutes one distinct species, viz: the short, rod-like organisms; then we have the round or oval, which are *spherobacteria* or *micrococci*.

*Bacilli* are those long, stiff, fibre-like bodies, while similar organisms, *yet flexible*, are known as *spirochate*. Similar long bodies, when curled like a corkscrew, are called *spirilla*, and when merely wavy or curl-like, *vibrios*. Bacteria are very small, a cube the size of a pin's head would contain six hundred and thirty-three millions, and they increase with such rapidity that the progeny of one single germ would, in less than five days, fill all the seas of the world, as stated by Cohn. These bacteria are considered to be the means of conveying disease, in certain instances, because of the morbid material which they contain at the time, but are not in themselves the cause of disease. The greater proportion of bacteria are transparent and colorless. Speaking of Pasteur's researches into the bacteria of disease, Prof. Huxley has said that they fully balance the ransom of \$1,000,000,000 paid by France to Germany after the war of 1870-71. This pamphlet is well worth the perusal of all those who have but a vague and indistinct notion of the nature of bacteria.—*Med. and Surg. Reporter*.

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### PASTEUR'S FURTHER EXPERIMENTS IN THE ATTENUATION OF VIRUS.

One of the most notable features of the recent International Congress of Hygiene, at Geneva, was an address by M. Pasteur on the attenuation of virus. Despite adverse criticism and contradictory experience, this eminent savant persists in his researches and periodically announces new proofs of the correctness of his views. His last address was listened to with greater interest because Dr. Robert Koch, of bacillus fame, and who has announced his disbelief in Pasteur's theory, was present.

M. Pasteur gave an account of new experiments with the virus of rabies, which he had been conducting in connection with M. Thullier. Nearly a year ago he had inoculated rabbits with the saliva of a child who had died

from rabies. He found that the animals took the disease and that there was always present in their blood a microbe, which, when inoculated, caused rabies in other animals. The cultivation of this organism, however, did not become attenuated, but were just as virulent, no matter how far they were carried.

M. Pasteur then discovered, what was announced some time ago in this country by Sternberg, that human saliva may prove fatal to rabbits even if it has none of these specific microbes of rabies.

Death in this latter case is due to a septic poison, which poison, Pasteur avers, resides in another microbe. This organism was cultivated by M. Thullier and himself. The former gentleman had the patience to carry the cultivation to as far as the eightieth generation. If then injected into rabbits it killed these animals, with a septic fever, as quickly as ever. In order to attenuate the virus, therefore, the experimenters submitted the cultures to the action of oxygen, as in the case of the chicken-cholera virus. The cultures were also made in a special fluid composed of two parts veal-broth and one part rabbit's blood. For it seems that these salivary organisms are dainty in their tastes and soon die in simpler mixtures. Thus fed, however, the microbes live, exposed to the action of oxygen, for forty or fifty days. During this time they gradually weaken in virulence. If taken during the last ten days and inoculated into rabbits, these animals do not die, and become protected against other inoculations of the active virus.

To the above M. Pasteur adds the results of his experiments with secretions taken from the nostrils of horses suffering with typhoid. These secretions, he claims, produce true typhoid fever when inoculated into rabbits. By treating them in a similar way to that just described he was able to attenuate the virus and thus secure immunity to the rabbits. Whether there is a promise here of typhoid vaccine the experimenter does not say.

In closing his address, he defended himself and his views against some of the attacks which had been made. When he had finished, Dr. Koch arose and said that he was disappointed in the paper, and that the facts lacked novelty. He proposed to criticise the views expressed at length in the scientific journals. The sympathies of the audience, however, were manifestly with Pasteur, who claimed that already his discovery had achieved a great amount of practical good. There had been, he said, no less than 400,000 sheep and 40,000 bullocks vaccinated against anthrax. The deaths from this disease had been reduced to 1 to 300 among sheep and 1 to 2,000 among cattle. The only unfavorable results had been in Italy, and these were due to mismanagement and the hot climate.—*Med. Record*, Oct. 21.

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#### PROFESSOR BILLROTH ON THE PRACTICAL ASPECT OF KOCH'S DISCOVERY.

The Vienna surgeon considers that, notwithstanding the acknowledged genius of Koch, the first and greatest step toward the solution of this problem was made by Villemin, when he proved by experiment that tuberculosis was inoculable. From this time it has been settled that this disease could be transported by a fixed virus. The primary stage is a chemical process in the tissues, whence the pathological changes result. The chemical key we do not yet possess. Here in tuberculosis the chemical agent is associated with vegetable organisms; the latter are, however, but the carriers and disseminators of this unknown agent.

The tubercle bacillus does not seem to differ from the algæ that are already known to us (to which order it belongs) in its mode of development; it resembles other varieties in size and form so completely, that it cannot be distinguished from them by the microscope alone. Through Koch, however, we have been made acquainted with a reaction that separates it from all similar organisms.

Prof. Billroth described the vegetation forms of these algæ, how the rods increase in number, how the permanent spores develop, and from these again the rods, etc.

Prof. Koch was convinced that the tubercle bacillus also developed spores, but that, contrary to what obtained in the case of bacillus anthracis, the whole process was completed in the body of the animal. As in the case of large plants, so this bacillus showed its own peculiarities in regard to the soil from which it grew. It had been long known that rabbits and guinea-pigs were easily inoculable, but that, on the contrary, dogs were not. Within the animals, also, the parasite showed peculiarities in its growth; it attacked some organs very readily; whilst in others it remained at the lower stage of development, and rapidly died out. Absolutely uninoculable the dog is not, as Koch has recently shown, but for this parasite he does not offer a suitable soil. Generally speaking, the herbivora are more fitted for the growth of this alga than the carnivora. Barndoor fowls have a high degree of receptivity for the tubercle bacillus, whole yards of fowls quickly dying off.

In the human species the disposition to tuberculosis is a very varied one, and this disposition is handed down from parents to children. Only this is to be understood by the hereditariness of tubercle, viz., the greater receptivity for tubercle infection, which is also outwardly expressed in the bodily structure. A lesser disposition to infection is the great protection of the bulk of the human race.

Another reason why local tuberculosis (Volkmann) so often exists without general infection, why a relatively large number of individuals, the subjects of caries of the bones, do not become the victims of general tuberculosis, lies in certain mechanical conditions. At the periphery of such tuberculous masses (bones, lymphatic glands) is thickening, a compact capsule that prevents the emigration of the vegetable organism into the system.

Moreover, the plant requires for its development a high temperature—that of the blood—whence the development does not take place outside the body. This difficulty in the way of growth is likewise fortunate for humanity. The spores require a certain period of rest before they germinate afresh, and this is plainly the period of incubation that is observed after inoculation.

From a practical point of view, we know now that tuberculosis is an infectious disease. This, indeed, was believed before now; but we have now obtained a fresh grip, as it were, when we see that the tubercle bacilli are present in the sputa of those patients whose mucous membranes are in a catarrhal condition. Much that we have looked upon as hereditary must now be considered to be infection. Thus, for example, a tuberculous mother who ejects a sputum into her pocket-handkerchief, and uses the handkerchief to her child who has sneezed, may infect her offspring. Another source of infection is the intestines, which may become the channel of infection from flesh, or milk from tuberculous cows, etc. These sources of infection must be studied. The sputa, and the other dejecta of tuberculous individuals are also infectious, but certainly in a lesser degree. Pus becomes horny in drying, and a firmly-seated crust. To examine into this and much more is reserved for the future.

This discovery of Koch's has this beauty in it, that it carries our medical observations into the domain of science; that which has been assured empirically for millenniums finds now its confirmation in natural science.—*Medical Press.*—*Cincinnati Lancet and Clinic*, Oct. 21.

### INOCULATION OF BOVINE TUBERCULOUS MATTER IN MAN.

Two Greek physicians have recently made a direct experiment to see whether bovine tuberculosis could be inoculated in man. The subject of the experiment was a common laborer, who, in consequence of arterial occlusion, was slowly perishing from progressive gangrene of the leg. In other respects the patient was healthy, and a careful examination showed that the lungs were in normal condition. As he refused to submit to the amputation of the limb, pronounced necessary to save his life, his medical attendants decided to test by direct experiment whether tubercle can be propagated from phthisical cows to man by inoculation. A quantity of tuberculous matter was accordingly injected into the circulation, whether



with or without consent is not specified. The man lived about six weeks, then died of the blood-poisoning inseparable from progressive gangrene. The autopsy disclosed the existence of well-defined tuberculous deposits, without abscess or other disease of the pulmonary organs, very small, evidently very recent, and, as the daring experimentalists argued, the direct result of the inoculation.—*Med. Record, Sept. 9.*

#### VEGETABLE PARASITIC DISEASES COMMUNICATED BY ANIMALS.

Dr. McCALL ANDERSON (*Mel. Times and Gaz.*) records several cases in which tinea favosa (favus) and tinea tonsurans (ringworm) were communicated to the human subject by various animals. A number of instances are given of such communication of favus to whole families either directly through children who had played with them or through pet cats. This disease has a special tendency in mice to attack the ears, and from thence it spreads to the head and throat and to other parts. It produces much greater destruction than in man, not only destroying the hair but tending to eat into the deeper structures and by slow degrees leading to exhaustion and death. In one instance it was communicated from mice to a dog. Favus has also been known to occur in fowls and to be transmitted thence to man. Köbner produced it in rabbits by inoculating them with the *achorion Schoenleinii* taken from the human subject. Gerlach, of Berlin, produced ringworm, by inoculation, in oxen, calves and horses, and he transmitted the disease in the same way from oxen to man. Bazin reports a case in which several dragons contracted ringworm from their horses.—*Maryland Med. Jour.*

#### ARSENIC A PROPHYLACTIC AGAINST INFECTIOUS DISEASES.

Dr. WALTER G. WALFORD, in a letter to the *London Lancet* of May 20th, proposes the administration of arsenic to persons exposed to scarlet fever and diphtheria, believing that if the drug be given in full doses during the incubative stage of these affections, it will forestall their development or modify them to such an extent that they may be treated as trivial ailments. Believing in the germ-theory of the cause of diphtheria and scarlatina, and having noted a statement to the effect that a person who is under the influence of arsenic cannot be successfully vaccinated, he began to administer the drug to children not previously afflicted with the disease, in whose families there was an outbreak of scarlatina. During a period of several years he had submitted about one hundred children so exposed to this prophylactic treatment, and among this number two only had developed scarlet fever, and in these the disease presented itself in a very mild form. His experience with the drug as a preventative of diphtheria is limited to his two sons, whom he removed from a school where from local conditions diphtheria had attacked six of the boys, two cases being fatal. Under the administration of arsenic the younger son did not develop any symptom of the disease; but the elder, who was complaining of soreness in the throat at the time he was placed under treatment, showed after six days two small but unmistakable patches of diphtheritic false membrane on his fauces, "although his temperature never rose above 100° F., and his health and spirits scarcely flagged." In a few days he was well. The preparation employed by Dr. W. is the liquor arsenicalis (P. B.). He gives it at first three times a day in as large a dose as can be safely used, due regard being had to the age of the child. Each dose of arsenic may be combined with from fifteen minims to a half drachm of sulphurous acid and a small quantity of the syrup of poppy. This makes a pleasant mixture, of which the children are fond. He thinks that arsenic might be made available as a preventive against many other affections, among which he mentions hydrophobia as an extreme test of its prophylactic qualities.—*Louisville Med. News.*

## KOCH ON DISINFECTANTS.

From careful investigations Koch concludes that the only certain disinfectants are chlorine, bromine and corrosive sublimate, and that to arrest development, only corrosive sublimate, certain ethereal oils, thymol and allyl-alcohol are available. Bromine vapors are recommended for confined spaces. Chlorine is a little less satisfactory but more so than formerly supposed. In all cases where neither heat nor gases are available, corrosive sublimate, and indeed all the mercurial salts are recommended. A solution of 1 per 1,000 of the mercuric chloride, sulphate or nitrate, killed the resting spores in ten minutes; and indeed simple moistening of the earth containing the spores with this solution is sufficient to arrest their power of development. Solutions of 1 in 1,000 to 1 in 15,000 are sufficient to kill micro-organisms. The poisonous action of such diluted solution may be disregarded. The cost also is far below that of carbolic acid.—*London Medical Record*.—*Md. Med. Jour.*, Sept. 15.

## PORK MEASLE IN MAN.

M. TROISIER exhibited lately to the members of the Paris Hospitals Medical Society a man, 36 years old, a Parisian, who for a year past had noticed small swellings arise on the cheeks, arms, legs, and abdominal wall. These proved to be due to cysticerci, and, curiously enough, the patient had passed a *tænia solium* whilst bearing these larvæ in his body. M. T. suggested two hypothetical explanations of this coincidence; either that the man had swallowed the ova of his own tapeworm, or that cysticerci and tapeworm were derived from the same external source. He asked what treatment should be followed. No one could dream of removing them one by one, but some such simple method as puncture with the hypodermic syringe might suffice to kill them.—*Can. Jour. Med. Sc.*, Oct.

## SEWER-GAS, AND ITS EFFECTS UPON HEALTH.

The following is an abstract from a Lecture by BYRON W. GRIFFIN, M. D., Lecturer on Etiology and Hygiene, in the Woman's Medical College, of Chicago:

The chemistry of sewer-gas ought to receive a passing notice. Dr. Letheby, the author of that standard work on "Food" declares that in all sewer-gas, are found sulphureted hydrogen, sulphide of ammonium, and organic matter. Besides these gasses, are often present nitrogen and carbonic acid. In order to understand the deadly character of sulphureted hydrogen, it may be well to say that air, "otherwise pure, containing one part in two thousand of this noxious vapor, if breathed by birds is fatal to life." In the Luxembourg Gardens, in the city of Paris, the crows at one time became so numerous and so troublesome that they were a source of infinite annoyance to frequenters of the garden. To shoot them would endanger the safety of the people who resorted to the place. The following plan was carried out with success: The gardener was furnished with a bag or jar filled with sulphureted hydrogen gas. Attached to this was a long, slender tube, which was slyly pushed up into a tree containing a number of crows. When the tube was in the midst of the flock, the gas was permitted to escape, and numbers of crows fell dead from the effect of the gas. "Air,  $\frac{1}{2000}$  part of which is sulphureted hydrogen gas, will kill dogs, if breathed by them, and one part in two hundred and fifty will end the life of a horse."

It is believed that air containing  $\frac{1}{1000}$  part of this noisome gas is sufficient to prove fatal to human life when inhaled for any length of time. Do you wonder that those unfortunate people who live in houses into which this deadly vapor enters are sick and languid, and unfit for active work? Is it any wonder that we hear of cases of sewer-gas poisoning in the practice of

medical men? Is it not rather a marvel that the harm done and the disease induced by the inhalation of this dreadful agent, is not more wide-spread, not accompanied with more fatal effect than is really the case. Its known effects are, when breathed in air containing it, drowsiness, headache, vomiting, incoherence of speech, etc., "A simple trace of it in the air will often produce a debilitated condition resembling typhoid fever," says one recognized as an authority on this subject.

It is probable that sulphureted hydrogen and ammonium sulphide, when inhaled, affect the very seat and center of vitality. The red blood globules containing the compound known as hemoglobin, are robbed of the oxygen they contain, and thus their carrying power, as distributors of this indispensable element, is destroyed.

There is no doubt in my own mind, that many cases of mental and physical fatigue, supposedly the result of over-work, are caused by inhalation of sewer-gas and air made impure from stagnation and respiration. Bright's disease of the kidneys is said to be caused by sewer-gas inhalation, on account of the high arterial pressure it produces.—*Chicago Med. Jour. and Exam.*, Sept.

### EFFECTS OF COMPRESSED AIR.

The *Australian Medical Gazette* contains a paper on "Caisson Fever, so called." The effects of compressed air, as well as the effects of changes of air pressure upon the human body have been well known to the scientific world for many years past, but it is to the causes of these accidents that the paper more particularly applies. M. Paul Bert in an article entitled "Experimental researches with regard to the effect which a change of barometric pressure exercises upon the phenomena of life," which was placed before the Academy of Science of Paris, draws attention to the great danger of a sudden transition from compressed air to the outer atmosphere. The accidents which have lately happened at Iron Cove were entirely due to the pressure within the air-lock having been too quickly reduced. The physiological explanation of the attacks to which these men were exposed is not a difficult one. We must first of all bear in mind that the blood of the body is, through the lungs, directly exposed to the atmospheric pressure of the air we are breathing, and that as the atmospheric pressure is increased so the blood will, in accordance with the well known law of physics, absorb an increasing quantity of atmospheric air. The blood of these men was exposed for something like four hours to a pressure of forty-five to fifty pounds, per square inch. Does it not follow then that their blood must have absorbed a very unusual amount of air? This blood after an exposure of four hours to the gasses composing the atmospheric air, became charged with gas in solution. No doubt it would take some little time, before the blood would dissolve as much air as it was capable of doing. Still the blood after an exposure of four hours would have absorbed some air. The sudden release of pressure would have the same result as occurs when the pressure is taken off the water which is drawn from a gasogene, it would in fact become full of bubbles of air. The pressure in the air-lock at Iron Cove was never suddenly reduced from four atmospheres to one, but it was reduced too quickly to allow the blood to give up through the lungs the abnormal quantity of air it had dissolved in it. Nine out of ten men might work under a pressure of four atmospheres with perfect safety if the return to the lower pressure were made very slowly. At least a quarter of an hour should be occupied in the removal of the first atmosphere, the second might take ten minutes, and the third five. The reduction at first should be very slow indeed. Were the shifts of shorter duration, the pressure might be reduced more rapidly without any evil consequences.—*Chicago Med. Rev.*, Sept. 1.

### PERILS OF THE HOT-AIR BATH.

The hot-air bath, in all its varieties of construction and arrangement, is a powerful agent for the disturbance of the circulatory system. The change

effected may be good, or it may be bad, for the subject; but it can scarcely be inoperative. The heart's action is quickened; the tension of the blood-pressure is at first heightened, and then—if copious perspiration take place—it may be reduced. Speaking generally, there is a determination of the blood to the surface, leaving the central and deep organs less fully supplied than before. In this way, doubtless, local congestions are occasionally relieved by the bath. Under ordinary circumstances, the change effected in the distribution of blood and pressure is likely to be beneficial, but if the heart be weak, or the larger vessels rigid, it may happen that faintness ensues. Then something is done, either by the affusion of cold water on the extremities, or in one or more of several empirical ways, to drive the blood in again, and this endeavor may prove the last strain that throws the whole physico-vital apparatus of the circulation out of working order, and renders the continuance of the essential functions of life difficult or even impossible. We believe the Turkish bath to be a most potent and, when rightly managed, useful agent for the control of the circulation; but it is necessary to warn the public against the reckless use made of it in cases the precise nature and peril of which are not understood. Except by the robust and thoroughly healthy, the hot-air bath should on no account be employed without express medical approval. Even this restriction is scarcely enough, because it may happen that the subject of a weak heart or abnormal bloodvessels regards himself as healthy, until the unaccustomed demand made on his organs of circulation by the bath discovers the weak place in his economy. It is not desirable to lay too much stress on those deaths which occasionally occur in, or after a visit to, Turkish baths. They are accidents in the use of the agency, and as such must be regarded as significant. At the same time, it is desirable that the dangers of the bath should be more generally understood than they would seem to be, and that the proprietors of these establishments should be required to instruct their managers and attendants to send at once for medical assistance whenever a visitor becomes faint or even momentarily unconscious. Such occurrences must needs portend peril of death, and, however large may be the proportion of instances in which the "slight faint feeling" or "sleepiness" passes away, it is manifest that a grave risk is in all cases incurred, and a responsible medical man should be instantly summoned to aid the recovery. There ought to be nothing left to the discretion of the manager or attendant in such a case. Again, although it is easy to see that proprietors would prefer to avoid deaths on their premises, no person who has been ill or even slightly unwell in the bath should be allowed to leave the establishment without being seen by a doctor. Further, we think the practice of *sleeping* in the hot rooms ought to be interdicted. There is always danger at the moment of awakening.—*Lancet*.—*Medical News*.

#### PECULIARITIES OF DISEASE IN EGYPT.

The *Lancet*, in commenting upon the peculiarities of diseases noticed in Egypt by Baron Larrey during Napoleon's campaigns, 1798-1801, says: "Another interesting observation of Larrey's is the occurrence of atrophy of the testicles in many of the soldiers of the army of Egypt, in the year 1799, who noticed, after their return to France, a gradual, painless wasting of these glands, accompanied, when both glands were involved, by the loss of all sexual desire and power. This occurred quite apart from any previous venereal disease. In most cases only one testicle was affected. This atrophy was accompanied by other signs of disease—wasting and debility of the lower limbs, failure of digestive power, discoloration of the face, thinning of the beard, and intellectual derangement. Larrey attributes the atrophy to the effects of great heat combined with fatigue and privations, and especially to the use of eau de vie, prepared from dates, to which the fruits of *Solanaceæ* were added. When the atrophy was only commencing it might be prevented by vapor baths, dry frictions, stomachics, and good food.

In regard to syphilis, he states that he found the disease to be mild and very easily cured in Egypt, but all forms of inunction were harmful; and if

patients returned to France with the disease still uncured it became very intractable.

He observed, with interest, that although dogs abounded in the Egyptian cities, there was no hydrophobia among them. Camels, however, suffered from a form of madness during the time of rut, and bites from them in this state were dangerous, but the disease was not contagious. The symptoms were the escape of an abundant thick saliva, constant bellowing, horror of water, wasting, fever, falling of the hair, and bad temper, which showed itself by their pursuing men and other animals. If excited, the symptoms increased, and often ended fatally. Horses were subjected to ophthalmia, like the men, but this could be prevented by shutting up the stables during the cold, damp nights.—*Med. and Surg. Rep.*, Oct. 14.

### MORPHINISM AND ITS TREATMENT.

It is in Germany, writes M. LANDOWSKI, that morphomania demands the greatest number of victims. The introduction of the terrible habit followed the war of 1866. Within the last decade numerous institutions for the special treatment of the morphine habit have sprung into existence, and are patronized by all classes of society. Among 157 morphomaniacs there were 55 physicians. According to Burkart the circulation is principally affected by morphine. It produces at first an acceleration, afterward a considerable slowing of the heart beats. This is caused by the venous stasis and the multiple visceral hyperæmia. Trembling, and an increase in the secretion of sweat are symptoms following the abuse of morphia constantly. The urine nearly always contains sugar; often albumen.

As regards the treatment of the habit, there are two methods in vogue at present; the forced and the entire abstinence from the use of the poison, and the gradual suppression. Forced suppression is dangerous and may be followed by fatal collapse. It is much better to diminish the dose of morphia gradually, and to administer between times small doses of opium. It is well to deceive the disease by injecting (hypodermically) pure water, rendered bitter by sulphate of quinine.—*Journal de Thérap.*—*Detroit Clinic.*

### "CATCHING COLD" FROM WETTINGS WITH SALT WATER.

DR. WILLIAM H. PEARSE writes to the *Medical Press and Circular* that he has been some thirty times around the world, in the latitude south of Capes Good Hope and Horn, in charge of thousands of people, and that he does not remember ever seeing illness caused by drenchings in sea water. He says: "Personally, I became indifferent to being drenched by the great seas breaking over the ship; sometimes I would change clothing, but as a general rule, I would not take that trouble, but remain wet and rewetted. The top of a mighty wave would come on board and drench a crowd of people. I never myself took cold, and this same immunity extended almost as fully to the people.

As illustrating the seemingly slight circumstances on which health and disease depend, I may mention that, having always worn American cotton twill trousers, and being in Madras when the heat was great, I ordered a stock of brown holland trousers, as being cooler. I tried them over and over again, but always suffered in consequence—chills, or diarrhœa, or aching in the limbs. So marked and curious did this seem, that I used to speculate whether or not the linen texture had some special conducting power of the hypothetical vital conservative "energy" of the body! Be that as it may, of the facts of the danger of linen and the safety of cotton I was forced to believe, as I was also of the absolute safety of a wetting from sea water, and of the great danger of a wetting from a mere shower in Bengal or Guiana.—*Med. and Surg. Rep.*, Oct. 7.

## MILK SICKNESS.

The mystery which surrounds milk sickness cannot be said to have been removed by the late investigations of Dr. James Law, published by the National Board of Health. He, however, believes that it is characterized by the presence in the blood of a species of spirillum, resembling that seen in relapsing fever. The germ is probably derived from drinking water, or from the surface of vegetables, as certain wells are said to infect with certainty, and the disease has been repeatedly produced by feeding upon particular plants (*Rhus toxicodendron*, etc.) That these plants in themselves are not the pathogenic elements, is shown by their innocuous properties when grown in places out of the region of the milk-sickness infection. Dr. Law thinks it altogether probable that here, as in malignant out-break, we are dealing with a micro-organism which has developed pathogenic properties, and which can be produced indefinitely in the bodies of living animals.—*Med. and Surg. Rep.*

## YELLOW FEVER.—PHENIC ACID.

M. LECAILLE, of Rio Janeiro, following out the doctrine of ferments, has been treating yellow fever with phenic acid. In twelve cases under his care, success was complete. In one instance the stage of "black vomit," etc., had set in, and the patient was almost moribund. Lecaillle saw him at this time, i. e., the fifth day. Phenic acid was injected hypodermically, syrup of the phenate of ammonium was given per orem, and sulpho-phenic per rectum. This was done at intervals of two hours. On the third day of treatment the patient was pronounced cured. A second patient was in the cosmic stage of the parasite. Ten hypodermics, together with rectal injections of sulpho-phenic and glyco-phenic were made, with the result of bringing about a cure on the seventh day.—*Cronica Med. Quir.—Med. Record.*

## TREATMENT OF YELLOW FEVER.

From the Secretary of the National Board of Health, we have received the following for publication: The United States Consul at Maricaoibo (Mr. Plumacher), in a recent communication to the State Department, enclosed the translation of an extract from a Venezuelan journal, *The Opinion Nacional*, of July 31, 1882, concerning the treatment of yellow fever, by Dr. Serafia Sabucedo Varela, of Havana, Cuba. The extract was referred by Mr. Hunter, Second Assistant Secretary of State, to the National Board of Health, and was by it directed to be published. The translation is as follows:

"*Remedy for Yellow Fever.*—The Havana newspapers which we have received to-day contain the following remarks, accompanied with high recommendations: Yellow Fever.—The writer of these lines, doctor of medicine, certifies that since the 24th of June, of the present year, he has used as a remedy against yellow fever, doses of salicylate of sodium and carbolate of sodium, administered in spoonfuls, which remedies have been attended with the happiest results in 15 cases of this deadly disease.

"Dr. Sabucedo does not warrant in any way that these remedies will be ways successful, since a number of observations are necessary to determine the truth of such a transcendental fact for afflicted humanity, and he also rejects energetically every idea of charlatanism or speculation, desiring only to call the attention of his worthy and instructed colleagues, in order that the field of observation may be extended as much as possible, for the purpose of demonstrating by facts, whether or not these remedies offer a veritable specific against such a formidable enemy. The curative system is as follows:

"Before the lapse of 48 hours from the first symptoms, administer rapidly an emetic and whatever purgative.

"After these have operated, give, without loss of time, the following formulas:

"No. 1.—Salicylate of sodium, 4 grams; Water, 100 grams. No. 2.—Carbolate of sodium, 1 gram; Water, 11 grams.

"Commence to use these formulas as soon as the purge operates, beginning with a spoonful of No. 1, then wrap the patient, and in one hour administer a spoonful of No. 2, thus administering every hour until both formulas are exhausted.

"The alarming phase will then have disappeared; the patient perspires and on the second day the fever descends to a less grade, and there is no longer danger, the patient having the assurance that he is saved.

"With this treatment it is very rare to meet with vomit, with albuminuria, or retention of urine, the symptoms limiting themselves to bleeding at the gums and nose, the blood being bright and healthy. The urine is clear and slightly yellow, and occasionally green, without precipitating, after the fourth day.

"It can be said that serious yellow fever transforms itself, by this simple treatment, into a mild or abortive yellow fever, and no patient has as yet died among those treated on this plan.—*Med. News*, Sept. 23.

#### ANTI-DIPHTHERITIC INHALATION.

Some years ago Dr. H. HAGER recommended a mixture composed of carbolic acid, 10 parts; alcohol, 10 parts; water of ammonia, 12 parts; distilled water, 20 parts; as an excellent inhalation in catarrhal affections. It was directed to be used thus: A small wide-mouthed bottle was to be filled one third with the liquid; then a sufficient quantity of cotton was to be introduced to just soak up all the liquid. The bottle was then to be well stopped. In coryza, incipient catarrh, or similar affections, the inhalation through the nostrils of some of the vapor of the compound was found to be of the greatest benefit.

The same author now recommends a still stronger compound, to be made from carbolic acid, 10 parts; oil of turpentine (or oil of eucalyptus), 5 parts; water of ammonia, 12 parts; alcohol, 20 parts.

A small quantity of this is to be drooped into a small wide-mouthed bottle half filled with cotton or asbestos, and the bottle well stopped. After a few days, a little more may be added, until a stronger odor is given off, when the bottle is opened.

A physician to whom Dr. Hager recommended the use of the compound thinks that it prevents the spread of diphtheria, since, in five families, in each of which one case of diphtheria had become developed, its further spread was arrested, apparently through the use of the antiseptic inhalation. In another family, a second child was taken with the disease; but the child could not be coaxed to inhale the vapor. The inhalations should be as full and deep as possible. In some cases of coryza, it has been used with most excellent effects.

Should the odor of oil of turpentine be too offensive to any person, oil of eucalyptus may be substituted for it.—*Boston Jour. Chem.*, Oct.

#### DEUKER'S TREATMENT OF DIPHTHERIA.

In 24 years' experience in the Children's Hospital in St. Petersburg, Dr. Deuker has treated, says the *Medical Press*, upward of 2,000 cases of diphtheria, and having tried all remedies, internal and external, has preferred the following for the last ten years:—As soon as the white spots appear he gives a laxative mainly composed of senna which produces an abundant evacuation. After its effect has ceased, he gives cold drinks acidulated with hydrochloric acid, and every two hours a gargle composed of lime-water and hot milk in equal parts. When commenced early it is generally and rapidly successful.—*Can. Jour. Med. Sc.*, Sept.

## TICKLING FAUCES, TO REMOVE DIPHThERITIC MEMBRANE.

The details of a severe epidemic of diphtheria in Bessarabia are reported in the London *Medical Record*. Dr. Jules Kupffer gives nothing especially new, except perhaps his theory of the local treatment, which aimed not primarily at disinfection of the exudation but at irritation of the muscular structure of the pharynx. On this point he says:—

"Contraction of the subjacent tissue ought, by causing such a superficial dimensional change as was incompatible with its cohesion, to release the membrane from its position, as the placenta is peeled off the uterine parietes by the contractions of the latter: the idea was indeed contained in the use and sanction of emetics. He endeavored, by continued slight tickling of the fauces, to promote hourly contractions of the constrictors, and had the good fortune to find the attempt successful. Further observations, that thin elastic membranes were much harder to release than hard thick ones, corroborated the correctness of the proceeding, the former being capable of more easily accommodating themselves to the movements."—*Boston M. and S. Jour.*, Sept. 7.

## TYPHOID FEVER.—PHENIC ACID.

Dr. RAMONET, Physician in Chief at the Military Hospital of Pogharr (Algerie), concludes an article on this subject as follows:—

1. Phenic acid does not act simply as an antipyretic in typhoid fever; it exerts a further influence on this affection at once antizymotic and curative.

2. The dose of phenic acid to be given in injections should never exceed four grammes per diem. Doses of twelve to fourteen grammes administered by Desplats, are enormous and harmless from the secondary effects.

3. Phenic medication is subject to secondary accidents, of which the most frequent and dangerous are pulmonary congestion and phenic cachexia. Convalescence is a period fraught with serious dangers to patients. They should be kept under the strictest surveillance.

4. Of all the known means of medication used in practice up to the present day, phenic acid treatment furnishes statistics of the most cures. We must here make a reserve in favor of cold baths, as those using them claim great advantages and even a quasi-infallibility. We have not had enough experience with the method of Brand to draw a comparison between it and phenic acid treatment.

5. Injections of phenic acid by their ease and simplicity in administration furnish the best treatment for typhoid fever in armies on campaign when cold baths cannot be administered.

6. Tonic treatment should always be associated with phenic acid treatment.

We cannot close this paper without the following remarks. Typhoid fever is one of the most deadly maladies both in the civil population and in the army. This being the case, the treatment of this redoubtable affection should engage the most earnest attention and study of the physician. After having sought out the best prophylactic measures to prevent the development of typhoid fever, he should endeavor to discover the best means to combat it when he has failed to prevent it. We have faith in the anti-typhoid action of injections of phenic acid; and if, as we have the firm conviction, our experience shall be repeated on the continent, phenic acid, after having been recognized by surgery, shall also be recognized by medicine.—*Chicago Med. Rev.*, Sept. 1.

## ACCIDENTS IN TYPHOID FEVER.

Dr. WM. H. DRAPER, in a Clinical Lecture at the N. Y. Hosp., said:—

Certain complications may occur in the course of typhoid fever. The principal accidents which may imperil the patient are (1) congestion of the lungs; (2) perforation of the intestine; (3) perforation of a blood vessel. All these require special attention.



1. Cough is almost always present, dependent upon a moderate degree of bronchial catarrh. There is always more or less congestion at the base of the lungs, owing to the feeble circulation, the dorsal decubitus, the weakened muscular fibres, and shallow breathing. A good plan is to have the patient sit up for a while, or change his position, in order that by forced inspiration the lungs may become more inflated than otherwise. It is always necessary to increase the force of the heart's action. Oil-silk jackets may be used, or the patient can be wrapped in cotton. If the bronchitis is severe, dry cups should be applied.

2. The symptoms of intestinal perforation are acute pain, accompanied by rigors; a sudden prostration, and a very remarkable degree of collapse. This accident makes the prognosis more serious. It is possible to produce a reaction sufficient to set up a peritonitis; nevertheless, as the patient is in a state of collapse and in immediate danger, stimulants and opium are indicated. Opium has a most beneficial effect on the heart, and should at once be given hypodermically, to insure a speedy effect. There is no use in applying leeches, blisters, etc.

3. Blood in the stools, indicating that a blood-vessel has been perforated by one of the ulcerating Peyer's glands, is a grave and serious symptom. Absolute repose should be obtained, and the diarrhoea, and even the patient's desire to defecate, be controlled if possible. Opium is, therefore, indicated. Styptics should be administered per anum. These do no good by the mouth, as the lesion is situated so far down the intestine.—*Med. Record.*

#### TYPHOID FEVER.—SALICYLIC ACID.

At the Académie de Médecine, M. Vulpian reported that, in the course of an attempt to treat typhoid fever by the internal administration of antiseptics, he had found that salicylic acid was the most useful in reducing the temperature of typhoid patients. He gives as much as six grammes (a drachm and a half) a day in small doses of twenty-five to thirty centigrammes every half hour. In some, particularly young patients, delirium is produced, and in others albuminuria; this latter symptom is, however, very frequent in typhoid fever, and it, moreover, disappears when the patient is able to take seven grammes of salicylic acid a day. Under this treatment, the temperature decreases from 3° or 4° Cent. (5.4° to 7.2° Fahr.) in forty-eight hours. M. Vulpian does not, however, pretend that salicylic acid does more than reduce the temperature; it does not shorten the duration of the disease, nor lessen its mortality. Of all patients, however, which were treated in different ways, those under the salicylic acid treatment improved most rapidly. By interrupting the treatment, M. Vulpian ascertained that the salicylic acid actually was the cause of the lowering of the temperature, which action was continued during convalescence if the treatment were carried on.—*British Medical Journal*.—*Cin. Lan. and Clin.*, Oct. 14.

#### JABORANDI IN TYPHOID FEVER.

In the course of an article on this subject in the *Medical Press and Circular*, Dr. Richard Ryder says that, having had his attention called to the value of sudorific treatment in the early stages of typhoid fever, he has used jaborandi extensively, and believes it to be the most valuable we possess, in the early stages, not only of febrile, but in acute and inflammatory affections, whether arising from cold, blood poisoning or other causes. He believes jaborandi to possess the power of eliminating from the human system, through the skin, almost any specific poison, if resorted to at once and before the poison has had time to set up its specific action. He says:

"The great difficulty I found in most cases was to produce a free action of the skin; if I could only produce that I had little fear for the result. The introduction, therefore, of jaborandi as a therapeutic agent was hailed by me as one of the most valuable additions to our materia medica.

"I have found it reduce the temperature to its normal standard within a few hours, removing at the same time all abnormal symptoms.

"The preparation of jaborandi which I find the most convenient and reliable is the fluid extract. The dose being small, it is not likely to produce nausea or sickness. Some patients are more impervious to its effects than others. So I begin with the minim dose, gradually increasing it every hour till the full action is obtained. The effects are more readily induced by putting the patient into bed between the blankets.

"The sweating usually commences in from three to five minutes, if the dose is sufficiently large and the preparation a reliable one. If there is no action of the skin from the first dose, within the hour I repeat it, giving double the quantity for the next. In conclusion, I must say that I have the most implicit confidence in this plan of treatment, and believe that jaborandi will effectually stop an attack of fever if taken in its first stage. But it frequently occurs that the medical man does not see the case till it is too far advanced to derive any benefit from it.—*Med. and Surg. Reporter.*

### ERGOTINE IN TYPHOID FEVER.

The treatment of typhoid fever by the subcutaneous injection of ergotine, as recommended by Dr. Deboné, continues to be noticed in *Le Journal de Médecine et Chirurgie*. The last case described is of a young woman, three to four months pregnant, in whom the treatment was begun on the eleventh day of the disease, when there was much tympanites, diarrhœa, bronchitis, and dyspnœa, and when continuous delirium had given place to semi-coma. The morning temperature was 104° F. Ten centigrammes of ergotine were injected daily for six days. The first injection was followed by a copious general papular eruption of the size of a millet seed. The temperature fell to 101.5° F., and did not again rise above 103° F. The other symptoms underwent corresponding amelioration, and the temperature became normal on the seventeenth day of the disease.

Four days after the discontinuance of the ergotine the patient aborted without any unfavorable symptoms. The fact that the abortion in this case took place so long after the omission of the ergotine, and the history of another case in which one and a half to two grammes of ergot were administered daily for two weeks to a pregnant woman without causing miscarriage, seem to confirm the harmlessness of this drug to persons who are pregnant.—*Boston Med. and Surg. Jour.*

### TYPHOID FEVER TREATED BY COPPER.

BURQ, having observed immunity from cholera among copper-workers, recommended the use of copper in the treatment of enteric fever. Hæhnlé (*Memorabilien*, Jahrg. xxvi., Heft 8) has carried his suggestion into practice, and has found that copper is a specific and valuable remedy in many cases of typhus. He administered 1.5 grammes of the tincture of the acetate of copper (*German Pharmacopœia*) in the course of two days, giving a portion of it every two hours. Reduction of temperature to the extent of from two degrees of Fahrenheit followed in from one to two days. Vomiting or diarrhœa does not contra-indicate its employment, and the copper does not appear to injure the stomach. Its mode of action is doubtful, Hæhnlé suggesting that it may act as an antiseptic.—*London Med. Record.*—*Med. Times, Sept. 23.*

### DEXTRO QUININE IN TYPHOID.

Dextro Quinine is largely used in cases of typhoid fever, in preference to quinine, on account of its not causing intestinal irritation or causing cerebral distress. By its use the effects of quinine are obtained, and the objectionable

features obviated. Dr. Senteney's objections are those of many able practitioners who use Dextro Quinine as a substitute for the sulphate of quinine. In the Hospital of the University of Pennsylvania, the use of Dextro is much preferred over the sulphate in typhoid cases, it being found to rapidly reduce the temperature and agree well with patients generally.—*Mo. Rev. Med. and Pharm.*, Oct.

### MALARIAL GERMS.

M. A. LAVERAN has found, in the blood of patients suffering from malarial poisoning, parasitic organisms, very definite in form and most remarkable in character; motionless, cylindrical curved bodies, transparent and of delicate outlines, curved at the extremities, transparent spherical forms provided with fine filaments in rapid movements, which he believes to be animalcules; and spherical or irregular bodies, which appears to be the "cadaveric" stage of these all marked with pigment-granules. He has also detected peculiar conditions in the blood itself. During the year that has passed since he first discovered these elements, M. Laveran has examined the blood in 192 patients affected with various symptoms of malarial disease, and has found the organisms in 180 of them, and he has convinced himself by numerous and repeated observations that they are not found in the blood of persons suffering from diseases not of malarial origin. In general, the parasitic bodies were found in the blood only at certain times, a little before and at the moment of the accession of the fever; and they rapidly disappear under the influence of a quinine treatment. The addition of a minute quantity of a dilute solution of sulphate of quinine to a drop of blood sufficed to destroy the organisms. M. Laveran believes that the absence of the organisms in most of the cases (only twelve in the whole 192) in which he failed to find them was due to the patients having undergone a course of treatment with quinine.—*Mo. Rev. Med. and Pharm.*, Oct.

### EFFECTS OF MALARIA ON MAN.

In addition to the direct effects of malaria, a diathetic condition seems to be established which modifies other diseases. The effects of malaria are, indeed, most protean in form, not only in its own definite and well-marked pathological process, but it simulates others. The stupor of typhus, the collapse of cholera, the high temperature of insolation, the sickness of an irritant poison, the convulsions of epilepsy or of dentition, may occur in the pernicious forms. It induces anæmia and general cachexia, with structural changes in the liver, spleen, or other viscera, neuralgia, asthma, and various other symptoms of disturbed innervation and sanguification, and it also appears to be in close etiology with dysentery, cholera, diarrhœa, beriberi, hydrocele, elephantiasis, bronchocele and hepatic disease. Whatever its nature may be, its action on the human economy is very striking; it affects the central nervous system, causing disturbance of vaso-action, paroxysms of fever, and congestion of the abdominal viscera, which may become periodic in recurrence, or pass on to structural changes in the liver and spleen, or intestinal mucous membrane. No one can have resided long in a malarious climate, such as Assam, without observing the cachectic, deteriorated aspect of the people, who, although they may never have had a single attack of fever, scarcely feel ill, and would resent being told so, are yet victims to the insidious action of the poison, and present evidences of anæmia, degenerate tissue and chronic visceral disease.—Croonian Lectures. Sir Joseph Fayer, M.D., F.R.C.S., *Chicago Med. Jour. and Exam.*

### PERNICIOUS INTERMITTENT FEVER.—COLD WATER.

The following case, among others, occurred in the practice of C. M. RAMSDELL, A.M., M.D., in Lafayette, Indiana, during the years 1878 and

1879. Lafayette is situated in a malarial region, in the Wabash valley, where a pernicious type of fever is not uncommon.

Rosa, W., æt. 9, white, a delicate child, subject to chills and fever for several months. She was taken about 9 a. m., with a severe chill, which lasted nearly an hour, and was followed by intense fever. I saw her first at 10.30, and found her having frequent convulsive movements, purging and vomiting often, pulse 150, temp. 106° Fah., resp. 48, unconscious except at intervals, when she complained of great pain in the head and stomach. Quinine and opium were given both by the mouth and by enema, but could not be retained. The fever rose to 106½, and the respiration to 50 per minute, while the pulse was so irregular and weak that it could not be counted. The convulsions ceased; she became comatose, and was, apparently, dying. As soon as it could be made ready, a bath-tub was filled with water at a temperature of 96°, and the child placed in it, clothes and all. Cold water was then added, until her fever was reduced to 102°. This took about twenty minutes, at the end of which time she had regained consciousness, and complained of feeling cold. She was then taken out of the bath and placed in bed, in a cool room, first having a dry garment put on, and orders were given to repeat the bath, if the fever rose again. During the afternoon, she slept some, and had two very offensive alvine discharges, but did not vomit, nor have any more convulsions. At 6 p. m. a sinapism was applied to the epigastrium, and two hours later she took and retained quinine, grs. viij., with opium, gr. ½. This was repeated in twelve hours, and no return of fever occurred.—*Med. Herald, Sept.*

#### AMYL NITRITE FOR AGUE.

Dr. SAUNDERS, of Indore, India, reports in the *Indian Medical Gazette*, a number of cases of ague successfully treated with amyl nitrite. He asserts that in every instance the disease yielded quickly and permanently to the amyl treatment. He mixes the drug with an equal volume of oil of coriander, to make it less volatile and to cover its odor, and administers it as follows: Four drops of the mixture are poured on a small piece of lint, which is given into the hands of the patient for him to inhale freely; he soon becomes flushed and both his pulse and respiration are much accelerated, and when he feels warm all over, the inhalation is discontinued, as the symptoms continue to increase for sometime afterward; a profuse perspiration now sets in, which speedily ends the attack, though in some cases the cold stage merely passes off without any hot or sweating stage.—*Med. Record, Sept. 16.*

#### ARSENIC AND IODINE IN INTERMITTENTS.

Dr. G. N. JENNINGS, (*American Med. Weekly*), says that he has had the best success in intermittents with equal parts of tincture of iodine and Fowler's solution, given in ten-drop doses after meals.—*Chicago Med. Rev.*

#### MALARIA.—MOKA-KINA.

Under the name of *moka-kina*, the following is quite popular in Flanders: Peruvian bark, coarse powder, 1 ⅔; roasted coffee, coarse powder, 1 ⅔; lactate of iron, 48 grs.; sherry wine, 20 ⅔.—*Druggists' Cir., Sept.*

#### CURE FOR CHILLS.

R. Sulph. quinine and ferrum redact, ʒ 3 i-grs. iv.; ext. nucis. vom., grs. viij.; mucilage, q. s.; ft. pills No. lxiv. Sig. Two pills three times a day.—*Med. Digest, Sept.*

### MALIGNANT MEASLES.—MICROCOCOCCUS IN THE BLOOD.

We abstract the following from a paper read before the College of Physicians of Philadelphia, by John M. Keating, M. D., Lecturer on Diseases of Children in the University of Pennsylvania, Visiting Obstetrician to the Philadelphia Hospital:—

The conclusions which seem warranted by the statements of this paper, and by the observations made in other cases in the hospital, are as follows:

The *micrococcus* is found in the contents of pustules and vesicles, and also in the blood taken from the measles-papule in ordinarily mild cases, without its being present in the blood taken from the punctured finger.

The moment that symptoms of malignancy—viz., dark eruptions, feebly-defined crescents, delayed and imperfect appearance of the eruption, with feeble circulation, high temperature, and pharyngeal false membrane—appeared, the examination of the blood showed *micrococci* in abundance in the field.

In cases of rapid sthenic disease with high temperature and great tissue change, the evidences of large quantities of fibrin with a tendency to coagulation are manifest. The rapid production of micrococci soon gives the mechanical impediment, and if stasis takes place from any other obstruction to the circulation, clots rapidly form.

The non-appearance of clots in malignant fevers attended with fluid blood, such as low forms of typhus, diphtheria, etc., is simply due to the fact that rapid tissue-changes have resulted in decomposition, instead of into fibrin-forming substances,—no fibrin is formed, hence no clots,—but the micrococci are present all the same. These cases are held by some to be the malignant ones, but I think the *foudroyants* character of the others, just mentioned, entitles them to be placed in the same category.

But the micrococcus, if left unheeded, may attack the white corpuscle as distinctly seen under the microscope, and destroy its contents. The red cells also change in appearance, and finally probably become, to all intents and purposes, useless in the economy. When such a condition is seen by the microscope and found extensive, a fatal prognosis can be given, despite the most active treatment.

In cases where the white blood-cells are as yet unaffected, treatment, when active, will be followed by good results, provided the other complications, as visceral inflammation, etc., are not in themselves excessive.

*Alcohol* (whisky in our cases) seems in some way, when given in large amounts, to check the progress of the marauders, to arrest the process of destruction, and, if needful, can be associated with quinine and iron in small repeated doses, digitalis perhaps, and frictions, baths and poultices, etc. As we have seen, the symptoms presented are contemporary with the changes going on within the blood; they may, *in lieu* of a careful microscope examination of the blood, be taken as a gauge for treatment; knowing what can and will take place, early active treatment will give the patient some chance for the future.—*Medical Times*.

### LEPROSY.—SODIUM SALICYLATE.

Dr. E. WESTLUND (*Transact. of Soc. of Physicians in Upsala, Sweden*), starting with the supposition that leprosy might be due to micro-organisms, tried in three cases salicylate of soda with marked effect. The first case was that of a man suffering in a high degree from lepra tuberculosa. Tubercles varying in size from a pea to a hazel-nut were found in the skin of the face, the extremities, the abdomen, the scrotum, and in the throat. The hoarseness of the voice indicated their presence in the larynx. The muscles of the hands were atrophic; the eyebrows had been lost; the hair on the head was thin and dry; the nails thick, curved, and fissured. No ulcerating tubercles. He was advised to take one gram (15 grains) of sodium salicylate five times

a day in a tablespoonful of water. The patient wrote after some months to report that he was perfectly cured.

The two other cases were yet under treatment, but had improved very considerably when they were last seen.—*Archives of Dermatology*.

### CEREBRO-SPINAL MENINGITIS.

Prof. H. C. Wood, in a clinical lecture in the *Med. Gaz.*, sums up as follows: During the first three or four days in the strong and robust, leeches or cups may be applied to the temples or nape and upper part of the spine. Ice-bags are applied to the head and back of neck for the first days—in many for a week. To relieve headache, restlessness and delirium bromide of potash is the best agent, gr. 20 to 30 every three hours. Its efficacy is increased by adding chloral (ten grain doses usually) or in those who cannot take chloral, tinct. hyoscyami (drachm doses). It is advantageous to add also tincture of castor (drachm doses) in the hysterically inclined. If possible don't use opium, but sometimes it becomes necessary, as the remedies already named occasionally fail. The temperature is not apt to run over 104° (a very harmless height) in adults except at the close, and quinine is not indicated; moreover, it has no effect in lowering the temperature in this particular disease. The best way to lower temperature, if this be an object, is by cold affusions, cold and tepid baths, or the cold pack.—*Med. Med. Jour.*, Oct. 1.

### HYDROPHOBIA.

At a recent meeting of the Paris Academy of Medicine a memorandum was read by M. Decroix, reporting nine cases of cure of hydrophobia. The Committee on Rabies made, during the year 1874, a series of experiments with medicines said to be useful for curing rabies, in which they made use of pilocarpin three times, and in every case the remedies hastened death by the violent fits they brought on. In the course of his experience M. Decroix met with two cases of rabies which did not end fatally. The conclusions arrived at by the Committee are as follows:

*First*.—It has been experimentally demonstrated that rabies may recover spontaneously.

*Second*.—Up to the present no treatment has proved to be anti-hydrophobic, and cases of cure by this or that means may be attributed to the efforts of nature.

*Third*.—All the means used by the Committee since 1874, comprising principally injections of pilocarpin, have hastened rather than retarded the death of the subject.

*Fourth*.—Those dogs usually recovered which were left without treatment, as the medicines brought on violent fits, and there is an inclination among medical men to leave men thus attacked in perfect quiet, and only practise experiments on animals. The filing down of dogs' teeth—an easy and almost painless operation—is still the most efficacious preventive of madness.

*Fifth*.—Rabid people left in the dark and kept quiet are not subject to fits, unless they are brought on by excitement or by ordinary medicines, and "as far as I am concerned," says M. Decroix, "I would rather be attacked by this kind of madness than many other diseases, particularly than that red chancre of smokers."—*Medical Press*.—*Med. Record*, Oct. 21.

### ALCOHOLISM AND STRYCHNIA.

According to M. LUTON, of Rheims (*Bulletin de Thérapeutique*), one may observe in alcoholics a veritable excito-motor inertia of the spinal cord, capable of lessening the generally so marked effects of strychnia. Thus in individuals suffering from acute alcoholism, this drug may and must be given

in large doses to insure success. While in some cases three centigrammes of the sulphate of strychnia, injected by demi-centigrammes in the course of a day, suffice to relieve an attack of delirium tremens, in other instances more will be required. To an individual affected with delirium tremens symptomatic of a varioloid, M. Luton has given hypodermically in fifteen hours seven centigrammes of strychnia sulphate, with real benefit and without accidents of strychnism. M. Luton is of the opinion that in the alcoholic, because of an acquired tolerance, there is no absolute limit to the employment of strychnia. The principal point is to divide the dose so as not to inject more than a centigramme at a time. An interval of two hours suffices to exhaust the primitive or dangerous effects of the poison. It is necessary also to watch the patient closely, and to stop the remedy as soon as the delirium has ceased, and sleep has appeared; for from this time on inertia of the cord no longer exists, and the cumulative effects of the drug might otherwise suddenly manifest themselves.—*Med. Record*, Oct. 14.

### RHEUMATIC GOUT.

DEAR SIR: What can I use to alleviate the paroxysm of a patient having periodical attacks of rheumatic gout? What is also the best constitutional treatment during the course of the disease?

Truly yours,

VERITAS.

Boston, Massachusetts.

[Give your patient one-eightieth of a grain of atropia, with one-quarter to one-half a grain of sulphate of morphia hypodermically, twice or three times daily until the paroxysm is relieved. Wrap up the pulse in raw cotton or a solution of witchhazel. Give also every two or three hours small doses of Dover's powder, say two or three grains. It would also be well to administer ten-grain doses of nitrate of potassium three or four times daily to act freely on the kidneys. After the immediate paroxysm give large quantities of alkaline waters, and two or three grains of the extract of colchicum four times daily. If the bowels are not active a mild mercurial purge would be advisable. If the colchicum will not act decidedly, it might be well to use five-grain doses of carbonate of lithium given four times daily in effervescent powders. In case the inflammation should be very great in the joints, leach them and apply lead water and laudanum.—EDITOR.]—*Med. Bulletin*, Sept.

### ACUTE RHEUMATISM.—FASTING.

Dr. Wood, Professor of Chemistry in the Medical Department of Bishop's College, Montreal, reports in the *Canada Med. Record* a number of cases in which acute articular rheumatism was cured by fasting, usually from four to eight days. In no case was it necessary to fast more than ten days. Less positive results were obtained in cases of chronic rheumatism. The patients were allowed to drink freely of cold water, or lemonade in moderate quantities if they preferred. No medicines were given. Dr. Wood says that from the quick and almost invariably good results obtained by simple abstinence from food in more than forty cases in his own practice he is inclined to believe that rheumatism is, after all, only a phase of indigestion, to be cured by giving complete rest to all the viscera.—*So. Practitioner*, Sept.

### SNAKE-BITE.—RAPID CURE BY PHENIC ACID.

Dr. SEREINS relates a case of snake-bite treated successfully by hypodermic injections of phenic acid. The patient, a charwoman, forty years of age, was bitten by a venomous snake on the left foot, just below the external malleolus. Half an hour afterward she experienced an intense smarting at the point of injury, and a sensation of constriction in the abdomen and

epigastric region. Soon she began to throw off quantities of glairy mucus and bile. The vomiting was almost incessant, and each attack was preceded by a painful aura starting from the wound, passing up the limb and radiating toward the stomach. A tourniquet was applied to the limb and the wound covered with a compress dipped in a solution of ammonia. Dr. Sereins arrived two hours after the woman had been bitten, and found her vomiting and suffering from a sense of impending suffocation. The skin was cold and covered with perspiration, the pulse small, feeble, and beating 110 in the minute. On the external surface of the foot, just below the malleolus, were two little red points, and above them a small blister caused by the ammonia. The lower part of the leg was enormously swollen, the skin marbled, with here and there yellowish spots and points of ecchymosis surrounded by small vesicles. The patient complained bitterly of cold. Four hypodermics of a solution of phenic acid in glycerine (2 in 15) were given, one in the neighborhood of the bite and three at the upper edge of the œdematous part of the leg. The wound was also bathed with the same solution. In one hour there was a very appreciable reduction of the swelling, the vomiting became less persistent and ceased entirely in four hours. The next day the constricting ligature was removed from the leg. On the second day the patient had entirely recovered, there was but slight swelling of the leg, and the yellow spots and ecchymosis had disappeared. The case seems remarkable in the rapidity of the cure effected. Few accidents of this kind are ever recovered from (if at all) short of a fortnight. Then the woman was not seen until two hours had elapsed after the wound was inflicted. The nervous centres were profoundly affected, as evinced by the symptoms. Thus the phenic acid not only destroyed the venom at the point of introduction, but even neutralized its effects in the general system.—*L'Union Méd.*—*Med. Record*, Sept. 30.

### POISONOUS COLORS.

The German Government has just laid before the Reichstag the following decree, bearing the date May 1st, 1882, concerning the prohibition of poisonous colors for the coloring of certain alimentary substances and articles of food.

1. The use of poisonous colors for the manufacture of food-products or articles of food intended for sale is prohibited. Those which contain the following materials or compositions are considered as poisonous colors within the meaning of this enactment: antimony (oxide of antimony), arsenic, barium (except sulphate of baryta), lead, chromium (except pure chromic oxide), cadmium, coppermercury (excepting cinnabar), zinc, tin, gamboge, picric acid.
2. The preserving and packing of food-stuffs or food-products intended for sale in wrappers colored with the above-named poisonous colors, or in barrels in which the poisonous color is so employed that the poisonous coloring matter can pass into the contents of the barrel, is prohibited.
3. The employment of the poisonous colors enumerated in Art. 1 is prohibited for the manufacture of playthings, with the exception of varnish and oil-paints made of zinc-white and chrome-yellow (chromate of lead).
4. The use of colors prepared with arsenic for the manufacture of paper-hangings, as well as that of pigments containing copper prepared with arsenic, and of matters containing similar colors for the manufacture of materials of dress, is prohibited.
5. The putting on sale, and the sale, wholesale or retail, of food-stuffs and food-products preserved or packed contrary to the regulations of Articles 1 and 2, as well as play-things, paper-hangings, and dress-materials manufactured in contravention of the directions in Articles 3 and 4, are prohibited.
6. This law will come into operation on April 1st, 1883.—*Br. Med. Journ.*—*New Remedies*, Oct.

### POISONOUS CRAYONS.

The following important facts are given by the *British Med. Journal*, May 6, 1882. Last Saturday, Mr. Carttar, the coroner for West Kent, held an inquest presenting several points of medical interest. From the evidence, it



appeared that, on April 1st, a little girl aged two years and six months was noticed to be feverish and restless, and was reported to have had a bad night. The following day, she vomited constantly, was unable to take any food, and suffered greatly from thirst. Dr. Kavanagh, who was in attendance, considered that she was suffering from severe gastric catarrh, induced probably by sucking cheap colored crayons, the pink mark of one of which was noticed on the child's mouth. It was also reported that the child had had a fall, but the date of the accident appears not to have been ascertained; and it is stated that there was no mark or bruise on the head indicating an injury. In a few days, the child rallied, and it was thought that all danger was over; but, on the twenty-third day of the illness, she was seized with convulsions, and the next day she died. On making a post mortem examination, Dr. Kavanagh found that all the organs were healthy, with the exception of the brain and stomach. The left side of the brain is reported to have been distended with fluid, whilst the stomach presented signs of acute inflammation, and in two places perforation had occurred. Either the effusion into the ventricles or the condition of the stomach might, it was considered, have accounted for the fatal issue. An analysis of the crayons showed that they all contained poison. The most poisonous was a pink one, which consisted of more than half its weight of white lead colored with an innocuous vegetable substance. The weight of this crayon was five grains. Another crayon contained Prussian blue, mixed with Dutch pink. The jury returned a verdict that the deceased died from convulsions, brought on by an accidental fall on the head, death being accelerated by swallowing poisonous crayons. The case presents so many points of interests, that it is hoped that a more detailed account of the symptoms and the post mortem appearances will be published. Lead is introduced into the system in so many ways, that it would be interesting to know definitely if sucking crayons is to be added to the number.—*Detroit Lancet, Sept.*

### POISONING BY BRUCIA.

Dr. T. S. SOZINSKEY relates, in the *Medical and Surgical Reporter*, a rare instance of poisoning. He says:

"I was called in haste, the other day, to see a vigorous middle-aged man, who was suffering from the effects of an excessive dose of medicine taken two hours before, after a meal, prescribed for backache by an old, irregular, occasional practitioner, who claimed to have been at one time a surgeon in the Prussian army. I found the patient with dread pictured in his face, holding by the arms of the chair in which he sat, afraid to move or be touched lest he should fall into convulsions. He had decided symptoms of poisoning by brucia, which are essentially similar to those by strychnia. An emetic was given, and after repeated doses of chloral, an anti-spasmodic, which is thought to be a physiological antidote. Two-fifths of a grain of morphia was given hypodermically. In five hours from the taking of the dose (two grains) the convulsive state had largely disappeared. The prescriber claimed that his prescription was copied from a German handbook of popular medicine (published in 1840), and that only a medium dose, according to the book, had been ordered, which I found to be the case. Twelve grains of brucia and half a drachm of conserve of roses, to be made into twenty-four pills, four of which were to be taken twice a day, constituted the prescription. An ounce of ointment containing twenty grains of veratria, was also ordered.

The proper dose of brucia is not explicitly stated in most of the books. It is placed at not more than half a grain to begin with by some. It would seem that, as met with, it is an article of very variable strength."

[NOTE.—Brucia is said to be sometimes contaminated with strychnia, as the two alkaloids are found in the same drugs, and are not easily separated.]—*Druggists' Cir., Sept.*

## PARAFFIN POISONING.—HYPODERMIC OF AMYL NITRITE.

Dr. J. J. FREDERIC BARNES thus writes in the *British Medical Journal*:

I have administered amyl nitrite hypodermically thirty or more times during the past eighteen months. In all cases a ten per cent. solution in rectified spirit was used. In no case did any untoward inflammatory or suppurative symptoms occur afterward. The action of the drug was immediate in every case, the subjective phenomena being like those experienced when using the ordinary methods of administration. The spirit solution appears to be an excellent preparation for use, as a small quantity kept in an ordinary stoppered bottle for some months retains its full efficiency at the present time. The dose usually administered has been ten minims of the solution, equal to one minim of amyl nitrite.

In a case of paraffin poisoning, where the patient was in a state of collapse and almost pulseless, one administration (inhalation having been ineffectually tried) brought on an immediate resumption of cardiac function, the man speedily recovering. Its action in this case would, I apprehend, be due to the relief momentarily given to the congested centres by the peripheral hyperæmia induced.—*Pittsburgh Med. Jour.*, Sept.

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## POISONING BY PEACH-KERNELS.

A fatal case of poisoning by peach-stones, noted in the French papers as having occurred in Paris last summer, should serve as a warning to families in which children are allowed to look after themselves for hours at a time. Probably very few adults themselves know how poisonous peach-stones are. The victim of the accident in Paris secreted the stones of a number of peaches, and, obtaining a hammer, when left alone broke them open industriously and ate them; the result being that he was fatally poisoned by hydrocyanic (prussic) acid. Writers on toxicology state that one ounce of the kernels contains about one grain of pure prussic acid, and this quantity, it is well known, is sufficient to kill any adult person. Even two-thirds of a grain has very often proved fatal, and indeed may well be regarded as a fatal dose for any child.—*Weekly Drug. News*.

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## TOBACCO POISONING.

A curious case of tobacco poisoning is reported from Brooklyn. A child purchased a cake at one of the refreshment stands in Prospect park. After eating a small portion of it, he was taken with nausea and vomited freely. A physician being summoned declared that the child was suffering from tobacco poisoning, and, on examination, tobacco was found scattered through the cake. This accident indicates the necessity for some sort of supervision of the bakeries, as there is but little doubt that the subordinate workmen have not of the most cleanly habits possible.—*Chicago Med. Rev.*

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## BELLADONNA POISONING TREATED BY BROMIDE OF POTASSIUM.

Dr. DORR (*Pacific Med. and Surg. Jour.*) reports the case of a child, two and one-half years old, who was poisoned by belladonna. Opium alone apparently being without effect, 8 grains of the bromide was given every half hour. After taking 32 grains the child became quiet and went to sleep. In a few days she was entirely well.—*Med. Record*, Sept. 9.

### LOBELIA-POISONING.—CURIOUS CAUSE OF DEATH.

A man of intemperate habits in England took a powder containing lobelia, capsicum, etc., by advice of an irregular practitioner. He died without vomiting. At the autopsy there was found a rent in the stomach, through which the contents had escaped into the peritoneal cavity. In a stomach weakened by disease, an emetic like lobelia may, therefore, produce a fatal rupture.—*Med. Times.*

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### ATROPIA AS AN ANTIDOTE TO PILOCARPINE.

Dr. FROHNMÜLLER reports a case in which the hypodermic injection of 0.02 grm. of the muriate of pilocarpine, in a man aged eighteen, with exudative pleurisy, produced exaggerated symptoms of pilocarpine poisoning; the administration of twenty drops of an atropia solution used for the eye was followed by an almost immediate disappearance of the symptoms. A number of experiments were then instituted, which show that this antidotal property is also possessed by homatropia.—*Med. Chir. Cent.—Cin. Lan. and Clinic, Sept. 2.*

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### MORPHINE POISONING.—NITRITE AMYL.

In two cases of poisoning by morphine, one of them being a child only six months old, Dr. Turner employed inhalations of nitrite of amyl with success, although it was used at an advanced stage of intoxication.—*St. Louis Cour. of Med.*

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### JABORANDI FOR ALL POISONS.

Dr. RYDER says: "I believe jaborandi to possess the power of eliminating from the human system almost any specific poison, by means of the skin, if resorted to at once and before the poison has had time to set up its peculiar action."—*So. Med. Record.*

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### POISONING FROM UNRIPE POTATOES.

Several cases of poisoning are reported in Dalmatia from the ingestion of unripe potatoes. Unripe and very old potatoes contain a certain quantity of solanine and they should be carefully peeled before being boiled.—*Chicago Med. Rev.*

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### POISON OF MUSHROOMS.—ATROPIA.

The *London Lancet* says that muscarine, the active poison of mushrooms, is directly antagonized by atropia.—*Guillard's Med. Jour.*

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## DISEASES OF THE NERVOUS SYSTEM.

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### INSANITY FROM DRUGGED LIQUORS.

Cheap brandy and absinthe are the cause of a large proportion of cases of insanity in parts of France. The United States Consul at La Rochelle, in his report on French brandies, points out the fact that no pure brandy is now made in Cognac and the district adjacent. He says that German alcohol distilled from potatoes is imported, doctored, and sold for brandy, and that

the French artisans and peasants, who formerly used light wines, have of late years used much of this so-called brandy. He says: "Its characteristic effect is to produce an intoxication in which the patient is especially inclined to rage and physical violence, while hopeless insanity is the inevitable consequence of persisting in its use, even for a relatively short period of time." It is at least worth the physician's while to know that there is no such thing as pure cognac now.—*Med. Record*, Oct. 14.

### CURIOUS LOSS OF MEMORY.

In the *Scientific American* we notice the following: An English scholar, during a holiday excursion in the Hartz Mountains, subjected himself one day to a severe physical strain, which produced a singular mental disturbance. He was on his feet from morning till night, and in the course of the day's wanderings made several arduous ascents, taking no rest, and neither eating nor sleeping. At night, when he reached a place where he could supply his needs, he was unable, to his great astonishment, to recollect a single word of the German language, although he ordinarily spoke it with fluency. His memory did not fail him in any other respect; he knew his own language as well as ever, and recalled perfectly all the incidents of the day. As soon as he had thoroughly rested, and had eaten the food which he procured by signs, the German returned to him completely. It is probable that such temporary aberrations of memory are more frequent than is commonly supposed and that they may help to account for some of the otherwise unaccountable failures of men in responsible places to do their duty. An engineer, or switchman, or signalman, whose hours of labor are excessive; who has been nervously exhausted by domestic anxiety or bereavement; or who has criminally wasted his strength by dissipation or lost his sleep by unwise frolicking, is liable at any moment to forget the simple duty upon the right performance of which may hang the safety of hundreds. If it were not for the fortunate circumstance that routine duties become so wrought into the organism that men will perform them automatically, the overtaking of men's energies by corporate selfishness, or individual misfortune or folly, would much more frequently result in disaster.—*Chicago Med. Rev.*, Sept. 15.

### EPILEPSY.—OVARIAN PRESSURE BY CEINTURES.

We abstract the following from a letter by Dr. TILLY:—

One of the first places that attracts a medical man, in Paris, is the Hospital of Salpêtrière, the scene of the labors of Charcot, Professor of Nervous and Mental Diseases of the Faculty of Medicine. The clinic was given on Thursday and Sunday mornings, and lasted from half past nine to eleven o'clock; it was given in a large hall completely darkened, and lighted with gas. Every possible convenience for screen projections and illustrations are provided, and dexterously manipulated by his numerous assistants. I had the pleasure of witnessing some of those results of pressure on the ovaries of which I had previously read, but never before seen illustrated with such marked results. I wish I could give to the readers of the JOURNAL some realization of the picture. One of the first patients presented was a young girl of charming appearance. The only visible sign of a departure from normal physiology was a persistent inward contraction of right foot. She was, however, wearing a ceinture which produced pressure in the region of the ovaries. The ceinture was removed, and immediately a violent fit of coughing was developed, which, even for the short time that it was exhibited, was positively painful to observe. The ceinture was re-applied, and the coughing ceased as by magic. Another patient was presented, with whom the removal of the ceinture was followed by the regular development of the various stages of epilepsy, exhibiting all the violence of agitation, frothing at the mouth, rapid, powerful muscular movements, followed by the most

complete opisthotonus. The application of the ceinture cut short these paroxysms at any particular stage of their development with the most remarkable promptitude. Some half dozen patients were presented, illustrating in a similar way the same influence. In one case, when the removal of the ceinture was not followed immediately by an onset of the epileptic attack, the assistant gave a very slight but rapid tangential blow of the hand in the small of the back, and immediately the epileptic attack began, culminating in the cataleptic condition.

One case was exhibited of unusual interest, on account of its history. Becoming pregnant, it was found that the points on which pressure had to be exerted in order to relieve the attacks of epilepsy, gradually ascended as the pregnancy developed.

The ceintures which are used at the Saltpêtrière are of various forms, in many respects similar to trusses.—*Chicago Med. Jour. and Exam.*, Sept.

### CURARE IN EPILEPSY.

Dr. KUNZE highly recommends this powerful substance in the treatment of epilepsy (*Journ. de Therap.*). He obtained nine perfect cures in thirty-five cases. The facts reported by him prove that even at advanced stages of the disease, when the intelligence is somewhat affected, complete cure is sometimes obtained and partial return of the intellectual faculties ensues.

Edelfren encouraged by these observations, has given curare in confirmed cases, for the bromides, associated or not with atropia, are not always successful. He adopts the following prescription of Kunze:—

B. Curare, grs. viiss; aquæ destill., 3j-℥xx; ac. muriatic., gtt. j. M.

He injects, once every five days, about ten minims of this solution. In his hands the hypodermic injection has never been followed by inflammation or any toxic symptoms.—*Med. and Surg. Rep.*, Sept. 23.

### LARYNGEAL EPILEPSY.

Dr. L. C. GRAY (New York Neurological Society, October 6, 1882), read a paper on laryngeal epilepsy, the laryngeal vertigo of Charcot. After narrating a case of his own, Dr. Gray gave the histories in full of four cases of Professor Charcot's, one by Dr. Gasquet, and a very remarkable one of Dr. Sommerbrodt's. In all of these the essential symptoms were: a spasmodic cough, accompanied by a tickling or burning sensation at about the level of the larynx, then a sudden loss of consciousness, occasionally with slight convulsive movements. In Sommerbrodt's case the symptoms were seemingly due to a large intra-laryngeal growth, which was removed, when the patient recovered.

Dr. Gray contended that epilepsy was a more fitting name for this group of symptoms than vertigo. He suggested the possibility of epileptic, convulsive, or neurotic tendencies, either personal or hereditary, in patients manifesting these symptoms, but of the six cases only two were stated to be non-epileptic, while a third (Sommerbrodt's) had been subject to convulsions in early youth; even in these two non-epileptic ones the hereditary and the merely convulsive or neurotic tendencies do not seem to have been inquired into.

The fact that the attacks ceased promptly under treatment by counter-irritation to the skin over the larynx and the internal use of the bromides, the author of the paper did not regard as a valid argument against the epileptic basis of this disease; for in many of the cases the duration of treatment is not mentioned, and in Sommerbrodt's patient, who was unquestionably of convulsive tendency, there was no return of symptoms during nine months' observation. Dr. Gray then gave an account of the violent spasmodic cough occasionally seen in locomotor ataxia, as described by MM. Féréol and Jean, and also an autopsy made by the latter author, when atrophy of laryngeal

muscles and of the pneumogastric and recurrent laryngeal nerves was found; he claimed that this went to show that organic alterations leading to violent cough did not necessitate unconsciousness. Dr. Gray then completed his paper by alluding to the researches of Dr. S. Weir Mitchell during the civil war, as showing how great a direct injury of nerve was needed to produce unconsciousness. Of fifty-six cases of gunshot wound of the brachial plexus, ten fell unconscious, seventeen fell without losing consciousness, and twenty-nine walked away.—*Med. Record*, Oct. 21.

### EPILEPSY WITH MANIA CAUSED BY MASTURBATION.

The patient, a girl sixteen years of age, had healthy parents. The labia majora and the introitus vaginae were enlarged. The menses had been regular. She was found on the street in convulsions, the pupils enlarged. At night she would scream at the highest pitch of her voice, and she said that an alligator was approaching her and about to devour her. She was often unconscious for two hours. After that she had maniacal attacks, and tried to kill everybody present. She moved slowly, and voided the urine eight to ten times a day. At last she was sent to an insane asylum. The physician, who watched her closely, discovered that she masturbated, and she confessed that the attacks had come on after each masturbation. She consented to have her hands secured at night, and the nurse watched her closely in the daytime. After three months she was dismissed entirely well, and comparatively cured of the vice of masturbation.—*Chicago Med. Jour. and Examiner*.

### PROGNOSTIC SIGNIFICANCE OF THE TEMPERATURE.

According to OBERSTEINER;—In apoplexy the temperature is first lowered and for some hours, then for many is maintained between 37°.5 and 38°.5 (C.) 99°.5 and 101°.3 F.

The fall is considerable in cases rapidly mortal (as far as 35°). (95° F.) It persists or is followed by a quick and considerable ascent.

In embolism the initial fall is wanting or insignificant, generally there is a rapid ascension, then return to the normal and notable oscillations. When the issue is going to be fatal we observe a slow ascension which, however, does not attain the high degrees of fatal apoplexy.

In epileptic attacks, the temperature rises to 38°.5 (C). 101°.3 F.

A quarter of an hour to a half hour after the end of the attack defervescence begins, which is completed only at the end of ten hours. Subinfrant attacks cause the temperature to rise to 40° and 41° (C). 104° and 105°.8 F.

In uræmic attacks the schema is very nearly that of apoplexy: fall at the beginning then hyperthermy and oscillations above 37° (C). (F°98°.6): Return to the normal.

The attacks of divers nature (epileptic, cataleptic, apoplectic, etc.) that are met with in the course of general paralysis, would be announced two or three days in advance by a lowering of the temperature, one might then administer in time chloral, which, according to König, is capable of calming the convulsive crisis. During the attacks the progressive fall of the high temperature of the beginning is a good prognostic. A persistent exacerbation should make us suspect a fatal issue.—*L'Union Méd.*—*Can. Jour. Med. Sc.*

### ATHETOSIS AND VASOMOTOR-NEUROSES OF THE EXTREMITIES.

Dr. M. BERNHARDT, in Berlin (*Sep. Abdr. Arch. f. Psychiatrie Bd. XII. H. 2*), reports a case in which there is at present hemi-athetosis and hemianopsy of the right side. About three years ago, and after a serious illness of several weeks duration, right-sided paralysis and aphasia developed themselves in the patient, a girl, then seventeen years of age; within a few

weeks the aphasia improved, the hemianopsia, which had been existing from the very beginning, continued; the paralysis had given away to incessant and hasty motions of the right hand and the right arm; these choreic motions had also gradually disappeared, and there was left only slow, grasping motions of the fingers, which continued to the present time, as did also the hemianopsia; the whole right side does not move as easily as the left. This case proves again the correctness of the view formerly expressed by Bernhardt, that athetosis is only a modified (mostly one-sided) chorea, a view which has been accepted now also by Charcot.

Bernhardt reports also two cases of local asphyxia of the extremities, an ailment which must be ascribed to a disturbance in the circulation of the blood in the peripheral parts of the body, but which is without doubt caused by a special morbid condition of the vasomotor centre. The constant current improved one case temporarily and cured the other permanently; quinine in divided doses had been unsuccessful in the first case.—*Med. and Surg. Rep.*

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### MENIERE'S DISEASE.

The following case from the *British Medical Journal* well illustrates the necessity of caution on the part of the public in forming opinions on matters relating to medicine: On the 21st of last October a court of inquiry was held to inquire into a charge of drunkenness preferred against a sub-constable. He had been seen to stagger and reel while on duty. He was taken to the barracks, where, in a short time, the transient attack of giddiness having passed away, he seemed, as he really was, perfectly sober. He was seen two hours afterward by Dr. John Ringwood, when he exhibited well-marked symptoms of Meniere's disease; noise and hissing in his left ear, numbness behind the ears and down the left arm, depression, occasional vomiting, giddiness, objects going to the left side, the drum of the ear inflamed, and the left Eustachian tube plugged. Improvement followed inflation with the Eustachian catheter.—*Med. and Surg. Reporter.*

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### MELANCHOLIA SUDDENLY CURED BY VENESECTION.

Dr. FORDYCE BARKER related a case (*New York Medical and Surgical Society*) which he thought interesting in its therapeutical and also in its psychological aspects. On the 3d of March, 1882, he was called to see a lady in consultation. He had never attended her professionally, but had known her socially for years. She was forty-nine years of age, and had been married thirty-two years, but had never been pregnant. Until August, 1881, her health had been perfect, and she had menstruated regularly every twenty-eight days. Menstruation ceased in August, 1881, but no symptoms developed until December, when she began to suffer from insomnia and nervous irritability. This was treated with bromide of potassium, hydrate of chloral, tonics, etc., but without effect. In January, 1882, besides having insomnia and being irritable, she showed general discontent and dissatisfaction, especially toward her husband, with whom she had always lived in perfect harmony, being cheerful and happy. This aversion extended to his most intimate friend, her physician. She became despondent regarding religious matters, and desired to be at church constantly; the more exciting services suited her best. At first she desired her husband to go with her, but subsequently she would have no attendant but a maid; then she desired to go alone. She spent most of the night walking the room, and would not have her husband about; she lost appetite and rapidly became emaciated, her whole appearance being changed. When Dr. Barker saw her, instead of finding a woman with a ruddy, healthy look, and cheerful, happy disposition, as formerly, he saw an extremely thin, pallid woman, with very white lips, constantly winking, and changing the object of view, the eyes being somewhat red. She answered his questions in an abrupt manner, and those of her

husband and physician rudely. Consulting with her physician, Dr. Barker advised venesection. He objected, as she was anemic, etc., but finally consented. To his surprise the patient at once consented by rudely thrusting out her arm to have it done. The pulse was quick and tense. As the blood began to flow, her countenance changed; she looked upon it with a most remarkable expression of contentment. After a few ounces had flowed, she exclaimed that it was "lovely, beautiful;" and her countenance became smiling. She objected to Dr. Barker's stopping the flow. Twenty ounces of blood were withdrawn. Two days later he called, and learned that she had slept well, had eaten heartily, and was in her natural state of mind. When he called again, on the 2d of April, she had gained in weight, and looked, as her husband said, like another person; but she insisted on his bleeding her again. He took away four ounces of blood. April 22d she called at his office and requested him to come and bleed her about the 1st of May, as she was sick regularly every twenty-eight days, and asked if he did not think that, had Guiteau been bled, "it would have taken the pressure off his mind, so that he would not have murdered President Garfield?" She then went on to state that during this time she read everything concerning the assassination, because Guiteau spoke of a sense of oppression, and, with expressions of horror at the thought, spoke of intentions to kill her husband and herself during this period of darkness and oppression. Such thoughts would haunt her continually, at church and elsewhere; and one night, after praying two or three hours, she rose and threw a bottle of poison out of the window. Lest there should be a relapse, she insisted upon his coming and bleeding her at the time mentioned. In answer to questions, she said there had been no headache, no dizziness, no vertigo, and no disturbance of vision. Her reading had related altogether to the Guiteau case. Dr. Barker said he would not attempt to explain the pathology of the case or the therapeutical effect of venesection.

Dr. Post referred to the case of a woman who consulted him for frontal headache. She had passed the menopause, was of small stature and slender, and nothing indicated a hypersthenic condition. He endeavored to relieve the headache by means of revulsives, foot-baths, laxatives, etc., but without effect. She stated that she had formerly obtained relief by bleeding, which he then resorted to, notwithstanding her spare habit. The relief was complete. It was repeated at intervals of about six months—as often as the headache returned, and with like results. She passed from under his care for two or three years, when he was sent for one night and found her in a semi-comatose state. Although unable to speak, she recognized him and pointed to her elbow to indicate that he should bleed her. He did so very freely, and gave complete relief.—*N. Y. Med. Jour.*, Oct.

#### ANOSMIA.

In the *Lancet*, Dr. E. H. Jacob says that the total loss of smell is so uncommon, and its recovery so very rare, that the notes of the following case possess interest. A woman, aged forty-five years, fell from a stool, striking the back of her head. Ever since (some years) she has been absolutely without the sense of smell. She did not complain of pain, but was nervous, weak and excitable. Iodide of potassium, fifteen grains three times daily, was ordered. In a week she said that her head was clearer, but the sense of smell was not improved. Subsequently a constant current, gradually increased to the highest bearable extent (about twenty cells), was passed from the mastoid process to the nasal bones, for five minutes on either side. The process was subsequently repeated four or five times, and while the sense of smell was not entirely restored, it was very much improved.—*Med. and Surg. Rep.*

#### THE NERVOUS SYMPTOMS OF MYXEDEMA.

From a careful study of this subject, Dr. W. B. HADEN concludes:

1. That in the early stages myxœdema is essentially a disease of imperfect nutrition, dependent probably on generalized angiospasm.



2. That the solid œdematous condition of the skin and connective tissue is due to a form of lymphatic obstruction, which may also be ascribed to vaso-motor influence; and that the accumulated products undergo changes which result in the formation of mucin.

3. That the condition of the thyroid gland is also to be explained on the vaso-motor hypothesis.

4. That the more severe mental symptoms, such as insanity, occurring in the latter stages of myxœdema, are due to alterations in the brain itself.

5. That, although myxœdema is a distinct morbid entity, it is probably intimately allied to certain other disorders, such as sporadic cretinism and scleroderma.

6. That the solid œdema, which is universal in myxœdema, may be localized in various parts of the body, such as the tongue and extremities.

7. That the primary and essential lesion probably exists in the peripheral sympathetic system, and perhaps, too, in the supreme centre in the medulla oblongata, this last supposition being based on the occasional occurrence of bulbar symptoms in myxœdema.—*Brain.—Med. News.*

### TUMOR OF THE BRAIN.

Prof. H. NOTHNAGEL has reported (*Wien. Med. Bl.*, 1, 1882) two cases of tumor of the brain, which are highly interesting from a diagnostic point of view.

In the first case Nothnagel diagnosticated a tumor in the corpora quadrigemina, basing his diagnosis upon the fact that these two symptoms, besides others, were present at the same time, an ataxia and double-sided paralysis of the oculo-motorius and of the abducens, in the following form: when looking upward the bulbi hardly moved above the horizontal line—toward the right side a little more but also imperfectly—toward the left side the left bulbous did not move at all, the right imperfectly—downward full motion but the left less than the right. At converging the rectus internus sinister kept behind.

In the second case existed a tumor in the left cerebral hemisphere and Nothnagel had diagnosticated a tumor in the posterior fossa, basing this opinion upon the following group of symptoms: vertigo, staggering in walking and standing, inclination to fall backward, paresis of the faivals, especially the crossed paralysis of the abducens with slight paresis of the extremities, but no perfect paralysis of the latter.

With reference to these cases Nothnagel thinks that he cannot sufficiently insist upon the great caution that should be exercised in the localization of tumors of the brain, as it is impossible, frequently, even to guess at the polypus-like extensions of such tumors.—*Med. and Surg. Rep.*

### INTRACRANIAL SARCOMA.

Dr. GRUENING presented a specimen of spindle-celled sarcoma of the cranial cavity to the *N. Y. Soc. German Physicians*, accompanied by the following history: The patient was a young man, aged twenty-seven. He was admitted in June, 1881, to the Mount Sinai Hospital, complaining of suddenly occurring headache, visual disturbances and vertigo, followed by an impairment of his memory. Optic neuritis was present, as well as partial aphasia, and paralysis of the abducens on the left side. The case progressed to complete blindness; hemiplegia of the left side was developed, and the patient died comatose.

At the autopsy a brain tumor, which had been supposed to exist during life, was found. The cerebral convolutions were much flattened. The dura mater was adherent at the base, and at one point there was erosion of the bone. The neoplasm itself occupied the left side. In its growth and development it had encroached mainly on the middle and lower lobes, the frontal lobes, and the region of the island of Reil. Microscopical analysis showed the growth to be a gliosarcoma.

Papylitis was found in both eyeballs, but the optic nerves were healthy, showing that the disease had not progressed from within. Various explanations had been offered to account for the occurrence of papylitis. Graefe had attributed the phenomenon in question to stasis in the retinal veins, resulting from pressure upon the sinus cavernosus. The transmission of such pressure, he supposed, took place through the superior ophthalmic vein. Dr. Gruening thought that, in view of the anastomosis existing between the latter vessel and the anterior facial vein, Graefe's theory could not be upheld.

According to Schwalbe, stasis occurred as the result of a communication existing between the subarachnoid spaces, and the canal between the sheaths of the optic nerve. But in Gruening's case no fluid was found in this locality. Benedikt finally ascribed the papylitis to intracranial irritation, producing vaso-motor disturbances.

Dr. Rudisch remarked that the sudden occurrence of headache rendered the differential diagnosis between apoplexy and encephalitis, and cerebral tumor, quite difficult. He also laid stress on the power of the brain to acquire tolerance of slowly progressive pressure. In this connection he related a case of tumor of the brain, in which the patient had been able to perform her work a day before her death. Finally he said that disease of the terminal portion of a nerve was by no means rare; as instances of this kind he need only mention trismus, tetanus, and reflex paralysis.

Dr. Gruening replied that these diseases were in no sense analogous to papylitis. The terminal expansion of the optic nerve was the retina, which was found healthy in the case he had described.—*Med. Record*, Oct. 14.

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### BULBAR PARALYSIS.

Recently SENATOR has reported a case (*Archiv f. Psych.*, Bd. xi. p. 713), which shows that hemianæsthesia alternans may be present though the lesion is confined to the medulla oblongata.

A man, aged 56, without losing consciousness, was seized with vertigo. He had the greatest difficulty in swallowing, had a tendency to fall to the left side, had a feeling of cold in the left half of his face, and had an affection of speech which gave one the impression that he was suffering from some obstruction in the pharynx or larynx. There were no symptoms of motor paralysis, except that the tongue was protruded a little to the left, and the left eye appeared somewhat smaller than the right. The temperature was normal, but the pulse beat 120 per minute. Five days later he was seen by Senator. He was then complaining of difficulty in swallowing, of hunger, and of want of breath. Sensibility was almost completely lost in the left half of the face, and in the whole right half of the body, as well as in the right arm and leg. Attempts to swallow either liquids or solids caused hawking and choking, and the substance was returned sometimes through the nostrils. The voice, once powerful and clear, had become a whisper, and there was still the inclination to fall to the left. The patellar tendon reflex was absent on both sides.

For a week there was little change in his condition. Examination with the laryngoscope showed partial paralysis of the vocal cords. The electro-cutaneous sensibility was either lost or very much diminished in the left face, and in the right half of the body. The patient died of putrid bronchitis and broncho-pneumonia, after an illness of fourteen days in all.

The post-mortem revealed a small focus of softening in the outer portion of the left half of the medulla oblongata, and thrombosis of the left vertebral and posterior inferior cerebellar arteries. The greatest length of the focus was attained a little below the middle of the olivary body; here the restiform body and the contiguous portions of Burdach's column and of the lateral column, the ascending root of the fifth nerve, the motor nucleus of the vagus, and a portion of the fibre of the vagus were all implicated. The olivary body, the root of the hypoglossus, and the nuclei of the hypoglossus and vagus, were quite intact.

Senator remarks that the difficulty in swallowing, the snuffling speech (due to paralysis of the pharyngeal muscles), the altered voice, the rapid pulse, the hunger, and the feeling of want of breath, were all symptoms indicative in this case of lesion of the vagus nerve. The absence of vaso-motor disturbances (with the exception of a slight and transient lividity of the right arm), of polyuria and glycosuria, is worthy of note; as also the fact that there was no marked defect in the knowledge of the position of the right extremities, notwithstanding the loss of ordinary sensibility in them.—*Brain*.—*Med. Times*, Sept. 23.

### TREATMENT OF DIPHTHERITIC PARALYSIS.

In a lecture at the Hospital for Sick Children (*Gaz. des Hôp.*), M. Archambault has described the therapeutic indications which should guide the physician in the treatment of diphtheritic paralysis. The subjects of this disease being generally weak and anemic, the first indication is to have recourse to preparations of iron, such as syrup of iodide of iron, and especially iron pills, which are more easily swallowed than liquids; quinine is also indicated. To excite muscular contraction, tincture of nux vomica should be administered as a draught in progressive doses, commencing by ten drops and being increased to fifteen to twenty drops a day. Dry friction on the skin, or with a piece of wool impregnated with benzoin, is also prescribed to stimulate nutrition and arouse sensibility. The baths of Barèges are also an excellent stimulant. Residence at the sea-side and sea-bathing give good results in patients in whom these paralytic symptoms last for several months. To these different methods M. Archambault adds the employment of electricity in continuous currents, which he considers as having a better effect on nutrition than intermittent currents. Finally, when it is absolutely impossible to feed the patient by the ordinary methods, on account of the danger of fits of suffocation, he has recourse either to the esophageal sound or to nutrient injections. In reference to the ocular troubles, of which it is not generally very necessary to take much note, M. Archambault prescribes, when they have a certain persistency, a collyrium composed of ten centigrams of sulphate of eserine in thirty grams of distilled water.—*Lond. Med. Record*.—*Louv. Med. News*, Oct., 14.

### ETHER PARALYSES.

ARNOZAN (*Journal de Médecine de Bordeaux*), has recently examined the paralyses produced by hypodermic injections of ether, and has arrived at the following conclusions: First. The hypodermic injections of ether into the muscles causes paralyses of those muscles. Second. These paralyses offer great analogies to the peripheral paralyses. There is suppression or diminution of faradic excitability and return of voluntary motion *pari passu* with the faradic excitability. Third. These paralyses may recover spontaneously, but even then, with great slowness. Their recovery under galvanism is much more rapid. Dr. Arnizan is inclined to believe paralysis is due to the peripheral action of the ether.—*Chicago Med. Rev.*, Sept. 15.

### POST-PARALYTIC CHOREA.

In a paper read at a recent meeting of the American Neurological Association by Dr. A. D. Rockwell, electro-therapeutist to the Woman's Hospital, New York, the author relates a case of post-paralytic chorea treated by the application of ether spray to the spine, the internal use of conium, and the employment of central galvanization. The patient was cured in ten weeks, although the affection was severe and of a year's duration.

In the case related he began with five drop doses of the fluid extract of conium, thrice daily, adding a drop each day, until the dose reached twenty-

five drops. He regards conium as occasionally of positive value in the treatment of chorea in its more chronic form, evident amelioration having followed its exclusive use in several of his cases. Although in the beginning the dose should be small, yet it should be pushed to a much higher point than is generally done. In regard to the value of electric applications, he still holds the same favorable opinion as formerly, and, with added experience, claims the same position for it in its relation to this disease.

Localized applications will not as a rule command success. General faradization and central galvanization he believes to be the essential methods of procedure; and these, when attempted, should be carried out with as much care and precision as other important processes. After thoroughly wetting the hair, his method is, in central galvanization, to apply to the head a sponge cap electrode sufficiently large to cover almost its entire surface. The current is then gradually increased, without interruptions, to the point of easy endurance. In the case related he habitually made use of thirty to thirty-six zinc-carbon cells, or, to speak more accurately, a current strength of about forty-five volts. He adds a caution against passing through the head of a child, or even that of an adult, a current of the same power without due precaution in regard to the size and position of the electrodes, and to the gradual increase and as gradual decrease of its strength. By attention to these points, however, much can be accomplished that would otherwise be impossible.—*Detroit Clinic*.

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#### CHOREA DUE TO ASCARIDES.

In the *Vracheb. Vedom.*, 1882, No. 4 (*London Medical Record*), is the report of Dr. Lesenevich of an interesting case of so-called sympathetic chorea (*chorea e vermicibus*), in a weak, delicate boy, aged 11, with feebly-developed muscles and pale integuments, who, a month ago, began to complain of abdominal pains and occasional startings in the hands and feet. Later, there were gradually developed true choreic movements, which came in paroxysms of two or three minutes' duration about sixty times during the day. At night the boy was quiet. Each paroxysm was ushered in by slight giddiness, and was followed by a deep sigh and feeling of fatigue. The administration of two full doses of santonin, having expelled twelve round ascarides (*ascaris lumbricoides*), at once stopped all choreic symptoms.—*Med. Times*, Sept. 23.

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#### HYDRATE OF CHLORAL IN CHOREA.

The *Medical Times and Gazette* says that Dr. Bouchut's treatment, par excellence, of chorea consists in the administration of hydrate of chloral in large hypnotic doses, even for children. He orders for a child of six years thirty grains in one dose, the dose to be repeated every day, and increased if necessary, to forty or even sixty grains. The effect of this dose is six or eight hours profound sleep, during which the child does not stir. After a couple of days the disease abates and in about a fortnight the cure is obtained.—*Chicago Med. Rev.*, Oct. 15.

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#### NEURALGIA.—AS A SYMPTOM.

From a clinical lecture by Dr. William Pepper, reported in the *Medical Gazette*, we gather the following: Neuralgia, like diarrhoea and dropsy, is a symptom of general or special disorder rather than a disease proper. Its cause may be various. It may be due to local disease of the neurilemma, to irregular menstruation, to impaired general health, to extremes of heat and cold, to pressure, etc. It also frequently occurs in recovery from arsenical poisoning. For convenience, neuralgia may be divided into two classes. In the first class the paroxysms of pain come on regularly, but at distant inter-

vals. These forms are mostly symptomatic of several varieties of cachexia. First, there is the malarial form. This can generally be distinguished by the history of the case and the periodicity of the paroxysms, also by its yielding readily to large doses of quinine. Second, migraine, so called hemicrania. It is usually connected with disturbed menstruation or is hereditary in its nature. Hereditary megrim usually attacks the first branch of the fifth pair of nerves. The pain which centers in the eye or in the supra-orbital or temporal fossa is very acute. There is nearly always nausea or vomiting. The third variety is the anæmic, chlorotic, or syphilitic, and is due to an impoverished diseased state of the blood. The cause of this neuralgia is quite frequently over-exertion. Fourth, rheumatic neuritis or faceache is to be distinguished from periostitis by the locality of the pain. The existence of rheumatic pains in other parts of the body will usually strengthen the diagnosis. The fifth variety is due to toxic causes, such as lead or arsenic poison. The blue line on the gums or the characteristic signs of arsenical poison will easily separate this form from the others. Under the second group of neuralgiæ are those coming on in short paroxysms at short intervals, and generally as reflex inductions of peripheral irritation or centric pressure. We find two separate forms: tic douloureux, anæsthesia dolorosa. These forms usually go by the name of trigeminal neuralgias. The trigeminal is a nerve of both sensation and motion. Therefore either or both of its functions may be affected. Its passage through bony canals makes it especially liable to pressure. The three special points of pain are the supra-orbital, the infra-orbital, and the mental foramina. In tic douloureux there is both pain and spasm. The causes of this form of neuralgia are usually peripheral in their origin, as a decayed tooth or the pressure of a cicatrix upon one of the superficial nerve branches, or local inflammation of the neurilemma. In some cases the lesion may be centric. The pain is excruciating. The late Dr. Pemberton, of England, is said to have stamped the bottom out of his carriage during one of these paroxysms of pain.—*Chicago Med. Rev.*, Oct. 15.

#### CRURAL NEURALGIA AMONG DENTISTS.

Dr. J. B. SUTTON makes the following curious observation in the *Lancet*.:— I was called to a gentleman said to be suffering severely from sciatica. The patient was resting on his right side, complaining of intense pain in the left loin, radiating thence along the outer and interior aspect of the left thigh whenever he attempted to move. Firm pressure applied between tuberosity of ischium and great trochanter of femur was painless, but the instant one touched the skin immediately over the erector spinæ muscle severe pain was evoked, extending down the thigh to the knee-joint, mapping out exactly the course of the anterior crural and external cutaneous nerves. Pressure over the points of exit of the third and fourth lumbar nerves from the spinal canal caused excessive pain. The nerves at fault were clearly the second, third and fourth lumbar, the hyperæsthetic area in the loin clearly corresponding to the distribution of the posterior divisions of these nerve trunks. The case was obviously not one of sciatica but of crural neuralgia, having a very unusual distribution; the ordinary forms of this disease extend to the foot and toes of the affected leg. Belladonna and aconite were applied locally, strychnia internally; the patient was convalescent in seven days. Two days later a similar case came under my notice, and a third has been reported to me with exactly similar symptoms. Curiously enough, the three patients were dentists, engaged in active duties of their profession. It appears exceedingly probable that this painful affection may be explained by the fact that when dentists operate they always stand at the right side of the patient, consequently, when manipulating cavities in teeth difficult of access, it is necessary to throw themselves into a constrained attitude, whereby the lumbar vertebræ are slightly flexed anteriorly; but flexed laterally to a considerable degree. It is necessary, sometimes, to maintain this cramped position for long periods, the temporary distortion being even more exagger-

ated when the dental engine is being used. These combined flexions cause the lumbar nerves to become congested, irritated, and possibly injuriously nipped as they pass through the intervertebral foramina, thus giving rise to the symptoms detailed above.—*Chicago Med. Rev.*, Oct. 15.

### MENTHOL AND BROMIDE OF ETHYL IN NEURALGIA.

Dr. F. E. STEWART recommends a mixture composed of equal parts by weight of menthol and bromide of ethyl, as an outward application for neuralgia, toothache, headache, in the treatment of which he has found it very useful. At his recommendation menthol has been used in Charity Hospital, Blackwell's Island, New York, and in a report from that institution, referring to it as a remedy for headache, we notice the expression, "It is a godsend." Menthol is not soluble in water. Alcohol, however, dissolves it. Bromide of ethyl is a perfect solvent for the drug, and possessing powerful anæsthetic properties, the combination is of double value. On evaporation of the ethyl bromide, which is very volatile, the menthol is left distributed over the spot in the form of an impalpable powder, which slowly evaporates, producing a most cooling, delightful sensation and tranquilizing effect.—*Therap. Gaz.*, Sept.

### ATROPIA IN LUMBAGO.

This drug, to be of value, must be applied locally, and in no other way. At first, it is not safe to use an injection of more than one-ninetieth of a grain of the sulphate, which may be repeated every other day, increasing the dose to one-sixtieth, but never going beyond. The point of the syringe should be buried deeply in the muscular tissue, and the injection be given slowly, as by thus doing there is little or no danger of any local trouble from abscess.—*Chicago Med. Rev.*

### SINGULTUS TREATED BY NITRITE OF AMYL.

Patient, male, forty-one years of age, glass polisher, admitted in Roosevelt Hospital, with obstinate and persistent hiccough, under care of Dr. W. H. Thompson.

Other remedies having failed, a pearl of amyl nitrite was inhaled with effect of stopping paroxysms immediately.

No recurrence since the one exhibition of amyl nitrite, except one slight attack, which was also stopped by the nitrite of amyl.—*Med. Record.*

### SPASMODIC TORTICOLLIS.—LIQ. ARSENICALIS.

In the *British Medical Journal* Dr. BOZZARD reports a case of spasmodic torticollis cured by the use of liquor arsenicalis (B. P.), in five minim doses thrice a day.—*New Eng. Med. Mo.*, Oct.

### SLEEPLESSNESS OF HYPOCHONDRIA AND HYSTERIA.

℞. Asafetidæ, ʒj; morphinæ sulph., gr. iij. M. Ft. pil. xxx. Sig. One or two at bed-hour.—*Medical Gazette.*

### HEADACHE.—HYDROBROMIC ACID.

Dr. W. B. MOIR says, in the *Lancet*, that he has obtained some excellent results from the use of this acid. A young lady complaining of severe and frequent headaches, accompanied with blushing of the face, and at times with ringing in the ears, was encountered. She seemed perfectly healthy, and

there was no appreciable cause for this condition. She was ordered fifteen minims of the acid, thrice daily, after meals, in a little sweetened water. This treatment was continued for three weeks (the dose being increased first to twenty and subsequently to twenty-five minims). The happiest possible results ensued, and complete relief was afforded. Given in combination with quinine, he has found it to mitigate or entirely prevent the headache which often accompanies the use of that drug. In a case of persistent toothache, occurring during pregnancy, he obtained very satisfactory results from the use of this acid—*Pittsburgh Med. Jour.*, Oct.

#### SICK HEADACHE.—SALICYLATE OF SODIUM.

Surgeon Major ROEHRING, of Amberg, reports, in No. 32 of the *Allg. Med. Centr. Zeit.*, a case of headache of long standing, which he cured by salicylate of sodium, which confirms the observation of Dr. Oehlschlager, of Danzig, who first contended that we possessed in salicylic acid one of the most reliable remedies for neuralgia. Dr. Roehring was called to visit the sixteen-year-old son of a poor peasant family, in a neighboring village. The boy, who gave all evidences of living under bad hygienic surroundings, but who had shown himself very diligent at school, had been suffering, from his sixth year, several days every week, from the most intense headache, which had not been relieved by any of the many remedies tried for this purpose. A careful examination did not reveal any organic lesion or any cause for the pain, which seemed to be neuralgic in character, a purely nervous headache. He gave the boy, who, in consequence of the severity of the pain, was not able to leave his bed, ten grains of the remedy every three hours, and was surprised to see the patient the next day in his tent and with smiling face. The boy admitted that he for years had not been feeling so well as he did then. The remedy was continued, but in less frequent doses, for a few days longer; the headache did not return.—*Med. and Surg. Rep.*

#### EYE-HEADACHE.—INSTILLATION OF ATROPIA.

Dr. CHISOLM (*Balto. Med. Soc.*), called attention to a class of astigmatic troubles due to excessive eye-effort, and related in illustration the case of a young lady who does not remember a day when she was free from headache; all her life she has had it and no treatment has relieved her. Yet the first instillation of a four-ounce solution of atropia put an end to it by correcting the astigmatism upon which it depended. The pain is not limited in these cases but may extend to back of head, neck, upper extremities. Astigmatic glasses are required.—*Md. Med. Jour.*

### DISEASES OF THE ORGANS OF RESPIRATION.

#### THE CHEYNE-STOKES RESPIRATION.

The phrase, Cheyne-Stokes respiration, means, of course, the kind of breathing described by Drs. Cheyne and Stokes. The first reference to the peculiarity was made by Dr. Cheyne so long ago as 1816. Dr. Stokes recalled this fact to the attention of the medical profession in his classical work on diseases of the heart and aorta, thirty years afterward. He also contributed some additional facts, and hence his name is rightly honored by association with Cheyne's in this suggestive phrase, Cheyne-Stokes breathing. The condition signified by this phrase is a peculiar irregularity of breathing, associated with certain morbid conditions. Not all kinds of irregular

breathing can be so designated. Indeed, the term is already misused, and there is a growing disposition to include under it all kinds of breathing associated with irregularity and sighing. As described by Cheyne, and afterward enlarged upon by Stokes, the kind of respiration to which this phrase is properly applicable consists in the following phenomena: A pause in the breathing—a complete suspension in the respiratory acts for a period of time, during which breathing might occur several times in the normal manner; then the resumption of respiration very feebly and slowly, and a gradual and progressive increase in the number and depth of the respirations, until the maximum is reached; and then again a gradual and progressive diminution, in the same order, in the number and depth of the respirations, until a pause occurs. Thus the movements of respiration oscillate, from the extreme in which all the muscles are laboriously engaged, to a minimum in which the respiratory organs seem hardly to act at all, and then a period of repose or of apnoea of longer or shorter duration; to be followed again by the gradual rise to the maximum. During this time of cessation of breathing the arterial tension falls, the pulse quickens, the pupil contracts, there occurs a lateral conjugate deviation of the eyes, the face becomes pale, and the mind—the intellect and the general sensibility—are for the moment obtunded. On the other hand, during the period of maximum activity in the respiration, the arterial tension rises, the pulse slows, the pupil dilates, and more or less cyanosis of the face and extremities appears.

The morbid states with which Cheyne-Stokes breathing is associated consist of certain chronic affections of the heart and arterial system. Stokes laid much stress on it as a sign of fatty degeneration of the heart. It has been observed in cases of aortic insufficiency, especially when caused by the calcareous deposits of senility. The first case described by Dr. Cheyne was one in which atheroma of the vessels led to the attacks of cerebral hemorrhage. Chronic arteritis, arteritis deformans, and cardiac lesions arising under the same conditions, are the chief factors. The irregularity of breathing which belongs to tubercular meningitis has been said to have the Cheyne-Stokes type, but there is merely distant resemblance—by no means identity. The irregular respiration occurring in the course of the nervous symptoms of chronic albuminuria approaches more nearly in characteristics to the Cheyne-Stokes breathing; but here again there is resemblance, but not identity.

Cheyne-Stokes breathing is of evil omen, as a rule. This view of its prognostic value is a necessary corollary from its pathogeny. Due to changes in the arterial tunics, which interfere with the normal supply of blood to the medulla, the respiratory centre functionates in a spasmodic manner. The special rhythm of the respiration, which it is the office of the respiratory centre to maintain, is, under these circumstances, perverted. The irregular evolution of the rhythmic force signifies the onset of fatal symptoms, for the damage done to the walls of the vessels must continue in an increasing degree to interfere with the circulation in the medulla. The numerous examples of irregular respiration, bearing a more or less close resemblance to the genuine Cheyne-Stokes breathing, have a prognostic importance determined by the associated and causative lesions.—*Medical News*.—*Med. Record*, Sept. 16.

#### EPITHELIAL CANCER OF THE BRONCHI AND TRACHEA.

Dr. DELAFIELD related a case to the N. Y. Med. and Surg. Soc., as illustrating a rare lesion, causing stenosis of the lower part of the trachea and bronchi. The patient, a woman twenty-seven years of age, entered the hospital on the 22d of January, 1882. She had always been well and strong until six months previously, when she began to suffer from a cough, expectorating mucus and occasionally a little blood. She gradually became shorter of breath, until two months before her admission to the hospital the dyspnoea had become so great that she was unable to work. On admission she was still well nourished, but suffering greatly from dyspnoea, which was constant, but worse sometimes than others; there was a certain amount of cyanosis, there were sibilant and sonorous râles over both lungs, there was cough with muco-purulent expect-



toration, and from time to time she spit blood. The dyspnoea was evidently due to some obstruction, either in the trachea or in the large bronchi. As the most common cause of such characteristic tracheal dyspnoea was aneurism pressing upon the trachea or bronchi, he supposed that was the trouble in this case. The dyspnoea became worse and worse until her death which took place about a month after coming under his observation. At the autopsy no new growth whatever was found surrounding or pressing upon the trachea or bronchi. The bronchial glands were slightly enlarged. The tracheal wall, at its lower part, was somewhat thickened, and its lumen was a little encroached upon, but the principal change was found in the bronchi—the wall of each primitive bronchus was enormously thickened, and its caliber was almost obliterated. The new growth seemed to belong to the epithelial cancers, although its anatomy was not perfectly typical. The lungs presented a form of lobulated pneumonia, apparently due to an interstitial growth and filling up of the air vesicles. Such was the only lesion of importance. So far as Dr. Delatfield knew, there were only three or four such cases on record.—*N. Y. Med. Jour.*, Oct.

#### PNEUMOGASTRIC IRRITATION.

STACKLER details, *Rev. de Méd.*, an interesting case illustrative of the effects of pneumogastric irritation. In this case the right pneumogastric nerve was compressed by a dilatation of the aorta, but not to such a degree as to induce destructive changes in its substance. The symptoms of the lesion, which finally resulted fatally, are divided by the author into gastric, pulmonary, cardiac, and cerebral. Under the first head were included dyspepsia, nausea, and vomiting—symptoms which become more and more aggravated up to the time of death. The pulmonary lesions found on autopsy were emphysema of both lungs at the apices, embolism of the branches of the pulmonary artery, especially on the right side, and hæmorrhagic infarctions in the districts supplied by these occluded vessels. The symptoms corresponding to these changes were moderate constant dyspnoea and paroxysmal exacerbations in which there would be temporary arrest of the breathing, followed by slow, deep respirations. The cardiac and vascular disturbances were signalized by the presence of a systolic murmur, audible at both apex and base; a permanently slow pulse; precordial pain, both constant and paroxysmal; and evidences of obstructed circulation in the right upper extremity and the upper portion of the right chest. The cerebral symptoms explainable on the ground of these circulatory disturbances were seizures, which appeared suddenly, and varied in degree from a transient vertigo or ordinary syncope to an attack of apoplectic coma or epileptoid convulsions. The author lays stress on a peculiar species of automatic crying which the patient indulged in at the moment of emerging from one of these attacks.—*N. Y. Med. Jour.*, Sept.

#### MEMBRANOUS LARYNGITIS.—CONTINUOUS INHALATIONS OF LIME.

The following is from a paper by Prof. Cordell, Baltimore:

To Küchenmeister, of Dresden, is due the first observation of the powerful solvent effects over diphtheritic membrane possessed by lime. Prof. Biermer, of the University of Berne, was the first to utilize the discovery upon the human subject. Shortly after a demonstration before his class of the rapid solution effected by immersing a portion of membrane in a tumbler of lime water, a girl, aged 17, was admitted into the hospital under his care, with a croup of four days' duration. She was almost choked, cyanotic and insensible. Portions of membrane were ejected after the administration of powerful irritants. Inhalations of atomized lime water were at once begun and with evident improvement. The intensity of the symptoms diminished, the

expectoration became purulent, cough and fever gradually abated and complete recovery ensued. M. Biermer and all who saw the case were convinced that the inhalations had a solvent effect upon the membrane. Küchenmeister shortly after published a case of diphtheritic laryngitis in a child three and a half years old, and Brauser one in a child aged four and a half, both successfully treated by the same means.

Much additional testimony could be adduced, as most modern authorities recommend the use of lime in some form and with greater or less stress. But in all these instances only an *intermittent* use is proposed. The nearest approach to continuous use that has come to my notice, is given by Flint, he states that in the case of a child of Prof. Elliott, who recovered, a barrel or more of quicklime was slacked daily in the room.

The desirability of the *continuous* use of an agent, the solvent effects of which upon diphtheritic and croupous membranes is capable of such ready and positive proof, in a disease of such terrible fatality as membranous laryngitis, would seem to need no argument.—*Maryland Med. Jour.*, Sept. 15.

#### SPASM OF THE GLOTTIS.—NITRITE OF AMYL.

Dr. JOSEPH WILLIAMS reports in the *Canada Medical and Surgical Journal*, a case of spasm of the glottis in a child. The little patient was almost moribund, entirely unconscious, lips livid, skin surface cold. Slow inhalation of ten drops of nitrite of amyl, caused the stridor to disappear almost immediately. In a short time the child fell into a deep sleep. This case shows the value of the drug in such emergencies.—*Chicago Med. Rev.*, Oct. 15.

#### FALSE MEMBRANE OF CROUP.—PEPSIN.

Experiment shows that the false membrane of croup is quickly soluble in pepsin. It also dissolves *in situ* from the fauces by placing the powder freely on the tongue and on the larynx. A solution may yet be found to reach it with like effect.—*New Eng. Med. Mo.*, Oct.

#### CROUP.—TURPETH MINERAL.

Dr. E. R. DUVAL, in *Arkansas State Transactions*, says:

In 1880, Dr. Fordyce Barker, of New York City, published an article in *The American Journal of Obstetrics* on the treatment of croup. His reasoning, to my mind, was so clear, and his success so uniform, indeed, wonderful (for he tells us for twenty years since he began the use of this drug in croup, he has not lost a case), that I was determined to give the agent a fair and impartial trial.

Dr. Barker insists upon the early administration of the drug; indeed, he regards it of the first importance that it should be given in the very incipency of the attack, and in order to meet this early necessity, he advises the families in which he is the medical attendant to keep turpeth mineral powders in three-grain doses always at hand, and to give one at the very beginning of the attack. For twelve years, after the manner of Dr. B., I have been using the turpeth mineral in the treatment of this disease, and I have, since the adoption of this plan, lost no case of croup.

My treatment has been, immediately upon being called to a case, without stopping to interrogate very closely as to whether I have a croup reflex, catarrhal, or true croup, to administer at once a dose of the agent (from two to five grain, according to age) in honey, syrup, or sugar of milk, and if there is no decided emesis within fifteen minutes, to repeat the dose; and I have never known it to fail to vomit at the second dose; almost immediately a satisfactory response is secured by the first administration. The vomiting

is usually free, without effort and without depression. The powder is tasteless, small in bulk, prompt in action, and thorough in effect.

The virtues claimed for it are sedative and revulsive. "It depletes the mucus, which is thrown up; it removes from the larynx, by the forced expiration which it causes, any albuminous or fibrinous exudation which may be there in diffuent state, and which by remaining may become, subsequently, pseudo membrane; it acts as a powerful revulsive, and thus diminishes the capillary circulation in the trachea and larynx; and thus it becomes a most effective agent in arresting the inflammatory forces."—*So. Pract.*, Oct.

### ELECTRIZATION OF THE LARYNX.

ROSSBACH claims that the intrinsic muscles of the larynx can be feebly excited and the vocal cords moved by the percutaneous use of faradic and galvanic currents. The active electrode is placed deeply in front of the sterno-cleido-mastoid, between the larynx and sternum.—*Med. Record*, Oct. 21.

### LARYNGEAL COMPLICATIONS OF CONSUMPTION.

Dr. JAMES H. WILLIAMSON contributes a valuable paper on this subject to the *British Medical Journal*. The existence of laryngeal complications in a case of phthisis indicates that the case has become, even if it were not at first, a constitutional one; and the new malady, like the cerebral and intestinal complications which also occur, is one of its local expressions. Men are much more subject to the laryngeal complications than women. Out of five hundred cases of consumption which he observed consecutively, no more than thirty-four complained of laryngeal trouble, equal to 6.8 per cent. It must, however, be remembered that this complication is mostly found in advanced cases; taking, therefore, none but fatal cases, he found that in one hundred and six there were twenty-five, equal to 23.6 per cent., and Louis, in his post mortems, found some portion of the tract ulcerated in 33.2 per cent. Symptoms are not always present, but when they are, they will generally furnish indications as to what part of the tract is involved. When there is heat and pricking low down in the throat, with dryness and dysphagia, we suspect inflammation or superficial abrasions about the epiglottis, or in the folds of mucous membrane running between it and the tops of the arytenoid cartilages. Great supra-thyroid pain, with burning and marked dysphagia, and with pain shooting up to one ear, will point to acute inflammation or deep ulceration of such parts. The dysphagia is greatest when the angles of the epiglottis and the aryteno-epiglottidean folds are involved. Pricking in the box of the larynx, with hoarseness or intermitting aphonia and semi-laryngeal cough, most often depend upon thickening or inflammation of one or both cords. Supra-sternal pain, constriction, or perhaps spasmodic dyspnoea, generally none of them very positive, will give hints of inflamed spots, thickened patches or ulcers of the trachea. In his experience, ulceration never exists in the larynx unless the pulmonary phthisis has reached the stage of excavation. In making a diagnosis the laryngoscope will eliminate hysteria and paralysis of the vocal cords. If chronic laryngitis coexists with pulmonary phthisis it is proper to associate the two pathologically. In syphilis the larynx is affected in only a very small proportion of cases; according to Mr. E. C. Morgan only 4.8 per cent. Primary laryngeal cancer is very rare. If the general and local signs are taken together, there should not be any insuperable difficulty in diagnosing between syphilitic, cancerous, and tubercular disease of the larynx. So far as the ultimate prognosis is concerned, it is simplified by the appearance of the laryngeal complications, for they are a sign that the patient's tether of life is not a long one, even for consumption. The treatment must be aimed at their arrest, which will be accomplished by sedatives and rest. A sedative night draught should be resorted to from time to time; thirty minims of the solution

of hydrochlorate of morphia for a few consecutive nights will give good results and do no harm. Where dysphagia is prominent, ice to suck before medicine and food will be of service and the night medicine may be given hypodermically. Small doses of morphia may be given during the day. Outwardly, poultices or spongio-piline, wrung out of hot water and well sprinkled with laudanum, may be applied. A few drops of Battey's solution in the ear have often given relief. Inhalations of steam, medicated with a mixture of chloroform, compound tincture of benzoin, and juice of hemlock, are of service. This sedative treatment must be continued for a long time. In latent or chronic cases over treatment will excite, and it is well to do but little. If accessible, paint the surface once, not oftener than twice, a week with nitrate of silver solution (twenty-five grains to the ounce). When out of reach use the same solution by means of an atomiser (one to two grains to the ounce). The stimulant and alterative action of the silver salt may be varied with the stimulant and astringent action of sulphate of copper (fifteen grains to the ounce). Externally, counter irritation must be used. Great attention must be paid to diet.—*Med. and Surg. Rep.*, Sept. 9.

### PHTHISIS TREATED WITH ARSENIATE OF SODA.

Alfred L—, plasterer, aged thirty-four, was admitted into the Victoria Park Hospital under Dr. Thorowgood.

The patient is of dark complexion, and on admission complained of shortness of breath, loss of flesh, night sweats, and severe cough with much thick blood, streaked expectoration. Latterly the cough has induced vomiting.

Urine, specific gravity 1016, high colored, no albumen, alkaline, and contains some excess of phosphates. Temperature, 100°. Appetite fair. Tongue furred posteriorly; edges red.

Below left clavicle there is a "crack-pot" note on percussion, with cavernous breath-sound, and large crepitant râles. Posteriorly, in upper left lung, crepitant sounds very distinct. Heart sounds normal, and apex *in situ*. Right lung marked by rough, prolonged expiration. Cough very severe, with much straining and vomiting. Ordered:

R. Liq. sodæ arseniatæ, ℥ij; infusi calumbæ, fl ℥j. M. t. d. s.—Pil. ipecac. c. scilla, gr. x. om. nocte.

After one week of the arseniate of soda treatment in this case, all agreed that the physical signs in the left lung seemed rather better. As the patient seemed doubtful as to whether the mixture suited his stomach, the dose of the liquor sodæ arseniatæ was reduced from two minims to one minim in infus. calumbæ, and very soon we observed the vomiting to cease, the patient was able to leave his bed, and improved steadily and speedily. The improved digestion had not yet had time to manifest itself in an increase of weight.

In chronic bronchitis, with vomiting, two minim doses of liquor arseniatæ have proved, in Dr. Thorowgood's hands, eminently curative in numerous instances, and these cures have, for the most part, stood well for many months, and some for over two years, after which period no further information has been obtained.—*Med. Record*, Sept. 2.

### ALBUMINURIA IN CONSUMPTION.

In a certain proportion of the cases of consumption, albuminuria appears as a complication. The importance of this symptom (*Medical News*) varies with the condition of the kidneys. In the simplest form it is a mere temporary congestion, but a congestion due to blocking of the pulmonary vessels which may after a time set up permanent changes in the renal structures. When permanent from the onset of the symptoms it may be a dyscrasic malady, due to tuberculosis of the kidney, or it may be produced by amyloid degeneration, which is a frequent complication of the suppurating processes of

tuberculosis, the kidney being one of the organs attacked. It is a fact of much interest that when albuminuria occurs, the fever process and the sweating cease; and thus an illusive appearance of improvement is induced. A subnormal temperature has been observed in some cases. When, therefore, in phthisis, the usual daily febrile movement does not come on, the urine should be examined. It need hardly be observed that the prognosis will be distinctly affected by the discovery of a permanent albuminuria. When the quantity of albumen present in the urine is large, and the temperature even slightly subnormal, a rapid decline in strength and an early termination may be expected.—*Chicago Med. Rev.*, Oct. 15.

### FORCED ALIMENTATION IN PHTHISIS.

This question has latterly attracted considerable attention in France, particularly through the clinical experiments of M. Debove, who has been in the habit of giving to phthisical patients milk and eggs exclusively, but in large quantities.

At a recent séance of the *Société Médicale des Hôpitaux*, he informed the society that he had recently substituted pulverized meat for the former exclusive alimentation by eggs and milk.

He was led to this practice through consideration of the fact that carnivorous animals are less frequently affected with phthisis than herbivora.

M. Debove makes use of powdered meat prepared as follows: The raw meat is placed under a powerful press, and all the juice squeezed out, and put one side; the dry meat is then placed in a slow oven, and finally reduced to a fine powder, which is carefully sifted. Four pounds of meat give, by this process, somewhat over six ounces of this powder, which may be mixed with or beaten up with eggs, for use in alimentation.

Relatively, considerable proportions of meat thus prepared may be taken on weak stomachs. M. Debove habitually administered, per diem, half a pound of this powder with twelve eggs and a quantity of lentil flour. Phthisical patients thus nourished regained flesh rapidly, and at the autopsy of one of them, who died through accident, it was found that there was a commencement of cicatrization in some of the cavities.

M. Dujardin-Beaumetz confirmed the results obtained by M. Debove's method, and stated that he had also found it of inestimable service in two cases of incoercible nervous vomiting.—*Boston Jour. Chem.*, Oct.

### PHTHISICAL COUGH.

Mr. T. GARRETT HORDER (*British Med. Journal*) strongly advises hydrobromic acid in doses of twenty minims. It may be given with the addition of spirits of chloroform. He has also found the inhalation of the vapor of iodine very useful in chronic cough.

Another correspondent recommends fifteen minims of hydrobromic acid and ten minims of chloric ether in a dessertspoonful of water four or five times a day, with a pill containing a quarter of a grain of codeia three times a day.

Mr. A. de Wihter Baker (Dawlish) recommends the following formula:

R. Tincturæ pruni Virginianæ, 5 j.; glycerini, 3 ss.; nepenthe (Ferris & Co.'s), ℥ v.; aquæ, q. s. M.

He generally orders it to be given when the cough is troublesome, and repeated in three or four hours, if required. In troublesome cases he also orders a double dose to be given at bedtime. He has never known it to fail to relieve cough; and it can be taken for a long period of time without disturbing the digestive organs.—*Med. and Surg. Reporter*.

### SULPHURETTED HYDROGEN IN TUBERCULOSIS.

Prof. ARNOLDO CANTANI has been experimenting with sulphuretted hydrogen in the treatment of tuberculosis. The reputation of certain sulphur

springs, as well as the known properties of the antiseptic, led him to regard the treatment as hopeful. He administers the gas partly in solution and partly by inhalation in a special chamber. He finds so far, that (1) the inhalation of an atmosphere strongly impregnated with sulphuretted hydrogen can be well borne for a considerable time by most patients, and those who find it irksome at first soon get accustomed to it; (2) the patients usually become free of fever in a day or two; (3) the local changes appear not to increase, and the cough becomes less.—*Centralb. f. Med. Wis.—Louv. Med. News, Sept. 30.*

#### PHTHISIS.—VOLATILIZED PALM OIL.

Mr. H. OSBORN BAYFIELD suggests (*British Medical Journal*) that the use of inhalations of volatilized palm oil may be useful in the treatment of phthisis. He bases his opinion upon the fact that workmen engaged in tinning where palm oil is used as a flux inhale the volatilized oil and get fat. Those previously emaciated or weak rapidly improve.—*Med. Record, Oct. 14.*

#### CHECKING PULMONARY HEMORRHAGE WITH SHAWL STRAPS.

Dr. H. HOLBROOK CURTIS, of New York, has written an interesting article in the *Medical Record*, which contains an account of hemorrhages quickly controlled by the above method of treatment. Mr. B—, aged twenty-one, had been so much improved by a sojourn of two years in the Adirondacks that he had been permitted to return home. By over-exertion he experienced a severe hemorrhage from one or both lungs, which occurred every few days, and sometimes with but a few hours' interval. The hemorrhages could not be controlled by ergot, and ergotine given internally and by hypodermic injection, gallic acid, turpentine, etc. Alarmed by the excessive bleeding and the exhaustion of the patient, Dr. Curtis had a pair of ordinary shawl straps punched with holes a quarter of an inch apart, and braided three strands of drainage-tubing, making two cords of as many feet long. At the next excessive hemorrhage he laid a folded napkin over each femoral vein just below the fold of the groin, and adjusted the straps about the thighs as high up as possible, so that the buckles would be over the napkins. The straps were tightened enough to stop the venous return without interfering with the arterial supply of the extremities. Then the arms near the shoulders were bound by the rubber tubing. The hemorrhage was checked almost immediately, and in about five minutes the straps and tubing were loosened. This was no sooner accomplished than the patient complained of a great shock to "the sore place," and the bleeding recommenced. The same procedure checked it as before. In about five minutes the extremities becoming markedly cyanotic, the straps were loosened, a hole at a time, when no hemorrhage recurred. No less than fourteen hemorrhages were checked by this method. His shallow and difficult respiration was greatly relieved by keeping an arm and the opposite leg strapped. As soon as a member became cyanotic the strap was changed to the opposite side.—*Chicago Med. Rev. Oct. 15.*

#### HOW FAR MAY THE ALCOHOLS BE USED IN THE TREATMENT OF PNEUMONIA?

In the treatment of either croupous or catarrhal pneumonia, alcohol must, by all means, be used with caution.

There are, for example, cases of pneumonia where the employment of alcohol to prevent paralysis of the heart, not only disturbs the regular course of the disease but has a directly injurious tendency. By this we mean those cases in which the temperature does not rise above 40° C., where the dyspnea is not very great, where the pulse is strong and the pulmonary trouble in

general shows no tendency to rapidly increase. The employment of alcohol in such cases can only have a dangerous effect, for through the increased action of the heart more blood is thrown to the lung and the disease is increased.

2. The above treatment of pneumonia is further contra-indicated in people who are otherwise strong and healthy, who have not passed forty-five years of age. (In children and young people alcohol exerts no favorable influence on the course of the disease.)

3. In those cases of pneumonia where there is a valvular lesion of the heart alcohol is to be avoided; for through the increased action of the heart collapse is sooner to be expected.

On the other hand, indications for the alcohol treatment are—

1. In those patients in whom there is thought to be a degeneration of the heart muscle, but when there is no valvular lesion. This is mostly the case in chronic alcohol drinkers in whom an unexpected paralysis of the heart may occur at any time.

2. In those who have passed fifty years of age, if they possess no heart lesion.

3. In the so called hypostatic pneumonia where the appeal impulse is in position, for the purpose of supplying the sound as well as the diseased lung with fresh healthy blood, and to protect the sound parts of the organ from stasis and the diseased part from the further consequences of the stasis which has already occurred.

4. In every pneumonia, if only the heart is not affected with a lesion of the valves, after the crisis has passed, so as through the increased impulse to the circulation, to more rapidly promote the absorption of the exudation.

5. Finally, alcohol can not be avoided without regard to the condition of the heart in persons having a tendency toward collapse, where paralysis of the heart or œdema of the lungs may occur at any moment.

When, however, œdema is already present, then alcohol is no longer of use, for by this means will the patient, who is now without hope, be unnecessarily maintained in the death agony.

The thoughtless, unrestricted treatment of every case of pneumonia with alcohol is not only unscientific, but indeed blameable.—*Med. Zeitung.—Cin. Lan. and Clin., Oct. 21.*

## CARE OF THE TRACHEA AFTER ITS INCISION FOR THE RELIEF OF CROUP.

Dr. L. S. PILCHER (*Med. Record*) formulates his views on this subject thus:

1. The proportion of cases of croup demanding incision of the trachea for their relief, in which an intra-tracheal exudate will be found present is so great that it should determine the method of operating in all cases.

2. This method should include the arrest of all hemorrhage before the opening of the trachea, and the careful exploration and cleansing of its interior after its section.

3. The point of incision should be as low as practicable. Rarely will it be found impracticable to reach the trachea and open it below the thyroid isthmus.

4. Serious disadvantages attend the use of a cannula of any kind. Their entire suppression is desirable. If imperatively demanded, especial care should be exercised to employ one which shall reduce these recognized disadvantages to a minimum, and to excise from the edges of the incised tracheal rings sufficient of their substance to obviate any tendency to the production of any infolding of the opposite posterior wall.

5. Topical applications to the interior of the trachea may, in many cases, be important, and in some essential to recovery.—*Detroit Lancet, Sept.*

## CARE REQUIRED IN USING THE NASAL DOUCHE.

The nasal douche in the hands of the novice or reckless is a potent instrument for harm. The same can be said of almost all our instruments and ap-

pliances. Dr. Carl Seiler (*Medical Times*) gives the following rules for its use. 1. The liquid should be of the temperature of the body. 2. It should be of the same specific gravity as the serum of the blood, a liquid easily obtained by dissolving a teaspoonful of salt in a pint of water. 3. The bottom of the vessel should not be elevated above the forehead of the patient using it, as the greater gravity from higher elevation is likely to force the liquid into cavities communicating with the nasal chambers. 4. The patient must not swallow while the water is flowing as deglutition opens the mouth of the Eustachean tube. The douche must not be used in cases where there is any impediment to the passage of the liquid outward, such as deviated septum, exostoses or polypi, hypertrophies, etc. The liquid may be backed up and find its way into the middle ear, frontal sinuses and even into the antrum giving rise to inflammation of the lining mucous membrane. To dissolve the inspissated crusts of ozæna it is better to substitute in the fluid used a little soda or borax for some of the salt mentioned.—*Chicago Med. Rec.*, Sept. 15.

#### NASAL CATARRH.—ACONITE.

Dr. J. C. FEAR, Waverly, Kan., writes:—

Knowing the good influence, locally, of tr. aconite in tonsillitis, etc., I resolved to try it for my own catarrh. Having first used the salt water solution to cleanse the parts, I dropped six drops of aconite in eight ounces of water and passed it up one nostril and down the other by means of the douche. The immediate and permanent relief surprised and gratified me.—*Med. Brief*, Sept.

#### SULPHATE OF QUININE IN CORYZA.

Dr. N. FALLIOTT states, in the *British Medical Journal* (*Canadian Jour. Med. Sci.*) that the inhalation of a spray of sulphate of quinine will cure in a few hours (twelve at the utmost) coryza or nasal catarrh, if taken at the onset. The solution may be made by dissolving four grains of sulphate of quinine in an ounce of water, with sufficient dilute sulphuric acid to effect solution. A hand-ball spray producer is used. In this connection, the *Monthly Review of Medicine and Pharmacy* recommends, for a common cold, five grains of quinine to be taken as soon as you begin to sneeze and suffer from a feeling of tightness in the nasal passages. Repeat the dose every six hours.—*Med. and Surg. Rep.*, Sept. 30.

#### APHONIA OF SINGERS AND SPEAKERS.—DIAPHORETICS.

For this affection Dr. CORSON recommends the patient to put a small piece of borax (two or three grains) into the mouth, and let it dissolve slowly. An abundant secretion of saliva follows. Speakers and singers about to make an unusual effort should the night before take a glass of sugared water containing two drams of potassium nitrate (saltpeter) in order to induce free perspiration. In similar circumstances this gargle may also be used:

Barley-water, 3 vj; alum, 3 i-ij; honey, 3 ss. Mix, and use as a gargle.

Or, again, an infusion of jaborandi, made by putting two scruples of the leaves into a small cup of boiling water, may be drunk in the morning before getting up. The free sweating is said very quickly to restore the strength of the voice.—*Revue Med.*—*Louv. Med. News*, Sept. 23.

#### ASTHMA.—FOTHERGILL'S PRESCRIPTION.

R. Tinct. lobeliæ, 3 v; ammoniæ iodide, 3 ij; ammoniæ bromide, 3 iij; syr. Tolutani, 3 iij. M. Teaspoonful every one, two, three or four hours. This gives relief in a few minutes, and sometimes the relief is permanent.—*New Eng. Med. Mo.*, Oct.



## DISEASES OF THE ORGANS OF CIRCULATION.

## ONE OF THE CAUSES OF SUDDEN DEATH.

For a long time already clinicians have been bothered to see persons die suddenly, either under the symptoms of embolism or heart-thrombosis, or under the symptoms of apoplexy. But when the post-mortem examination was made, to show the embolus or thrombus on one side or the hemorrhagic effusion on the other, no such things were found. Later observations demonstrated the fact, that the only morbid lesion found under such circumstances, was the ossification either of the coronary arteries, or of the cerebral vessels. This, however, seemed not sufficient to account for the sudden death.

Cohnheim, in his new edition of his celebrated lectures on general pathology (Leipzig, 2d edition, Hirschwald, Berlin, Aug. 1882), gives us, at last, an explanation of this fact. He tied the coronary arteries, and found, to his surprise, that without giving rise to any prodromic symptoms of debility of the heart, the organ came abruptly and suddenly to a stand-still during diastole.

We can see now how a gradually progressing sclerosis of the coronary arteries, for instance, will suddenly occlude these vessels totally, and cause instantaneous death. Certainly such cases do not happen frequently, as usually the ossification in one artery goes on more rapidly than in the other, and we have then premonitory symptoms of failure of the heart's action; but often enough the morbid process progresses symmetrically, and then we have such a sudden death. The same explanation holds good for a similar condition in the vessels of the brain, *i. e.* the large arteries.—*Med. and Surg. Rep.*, Oct. 7.

## ACUTE DILATATION OF THE HEART.

After noticing the cardiac dilatation which gradually occurs when the compensation by hypertrophy for valvular disease ceases to be sufficient, Dr. Heitler says, that he has also, in many cases been able to diagnose an acute dilatation of the heart occurring suddenly and disappearing as suddenly. (*Wien. Med. Woch.*, 1882, No. 22.) This acute dilatation he says can be diagnosed only by prolonged and careful examination. It may affect all the cavities or only one, the left ventricle, or the left auricle alone, or only the right side of the heart. He records a case in which, from the physical signs, there was evidently dilatation of the right side of the heart, with great palpitation, anxiety, and cyanosis; the heart beating violently 200 times per minute, but giving a very weak pulse. Within five minutes, when he wished to demonstrate this condition it had disappeared along with the symptoms. The patient had mitral insufficiency with stenosis, and suffered frequently from such attacks. Dr. Heitler believes, that acute dilatation frequently occurs in the early stages of fevers, in endocarditis, anæmia, and Bright's disease.—*London Med. Record.*—*Can. Jour. Med. Sc.*, Sept.

## STENOSIS OF THE LEFT VENTRICLE.

ROLLET relates the following case in the *Wein. Med. Jahrbücher*, Heft II., 1881: A woman, forty-seven years of age, was admitted to hospital suffering from palpitation, thoracic pain, dyspnoea, and cephalalgia. There was no œdema of the limbs, no stasis of the pulmonary or hepatic circulation, no especial fulness of the jugular veins, nor any of the rational signs of mitral disease. The cardiac rhythm was irregular, the radial pulse small, compressible, uneven, and 104 to the minute. There was an increased area of dullness over the region of the heart, and the apex beat was exaggerated and to the left of normal. On palpation a very distinct thrill was preceptible, but felt only under the lower part of the sternum, to the left of this bone, and at

the apex of the heart. On auscultation, a rather prolonged systolic murmur was heard, of maximum intensity, in the fourth inter-costal space at the left border of the sternum. The second sound was short and feeble, but without murmurs, audible at the base, and in the carotids, thus showing the integrity of the sigmoid valves. A diagnosis was made of a true stenosis of the left ventricle without valvular lesions, and was confirmed post-mortem. The hypertrophy was confined to the left ventricle, the walls of which were pale and presented here and there small spots of sclerosed tissue. The aortic orifice was normal. A fibrous band was found extending from the under surface of the aortic lip of the mitral valve to the interventricular septum and the aortic portion of the ventricle, at a little distance from the sigmoid valves. This new growth narrowed the aortic cone to such an extent that one finger could with difficulty be introduced. The author thinks this was due to an endocarditis of intra-uterine life. The patient had never had rheumatism. A similar lesion of the right ventricle was described by Dittrich in 1849.—*Med. Record*, Oct. 7.

#### J. MILNER FOTHERGILL ON MITRAL STENOSIS IN THE GOUTY HEART.

"As to the treatment of these cases, the prevention of the production of uric acid by an appropriate dietary and the use of hepatic stimulants, its solution by antilithic alkalies, are measures about whose adoption there can be no question. To keep the blood-pressure in the arteries as low as possible means lessening the strain on the diseased mitral valves on each ventricular systole; and this is attained by reducing the amount of albuminoid waste in the blood, or dissolving it, and so letting it escape by the water emunctories. So far so good. But how about the administration of digitalis? To increase the vigor of the ventricular contractions means increase of the strain on the valves. Certainly; and therefore grave and valid doubts may honestly be entertained about the wisdom of giving digitalis and iron, in a routine manner, in all such cases of mitral valvulitis. When the heart is fairly vigorous, and there are none of the rational symptoms of mitral mischief present, then, probably, it is well to withhold the digitalis, and to be content with an appropriate dietary and regimen. But when there are evidences of cardiac failure, then, in all probability, it is well to give the digitalis; albeit in doing so the ventricle does strike harder, and so tax more the mitral valves. Here the ventricle is striking feebly, and the advantage of improving the heart's vigor is not more than counterbalanced by further strain on the sclerosing valves. In practice each case must be decided by its own indications; and the indications will vary at times in the same case. Nor is it possible to lay down any rules of thumb for the administration of digitalis. The practitioner must weigh carefully the indications for its adoption or the withholding of it in each case. It is not necessary or desirable to give it merely because there is a mitral murmur present; as Rosenstein puts it, 'Digitalis helps the heart to pump the blood out of the veins into the arteries,' and the fullness of the veins and the comparatively empty state of the arteries are the indications for its exhibition; no matter what the murmur, or whether there be a murmur or not. Probably when the rational symptoms of mitral mischief are present it will always relieve them. Whether at times such relief is antagonistic or prejudicial to the ultimate interests of the case, and therefore it is better to withhold digitalis, is a matter for the exercise of private judgment on the part of the medical adviser. This is certain, the indications for digitalis in such mitral stenosis (or insufficiency, too, for that matter) are not so unmistakable as is the case in mitral valvulitis in the young, where a distinct injury, be the same more or less, has been wrought; but where there is no tendency in the valves to further mutilation, the distorting process being over and done with, the said injury crippling the organism and leading to death from the disturbance so wrought in the circulation, here digitalis can scarcely do any harm; but the same cannot be said of the sclerosing valvulitis of the gouty heart."—*Lancet*.—*Med. Times*, Sept. 23.

### PERFORATION OF THE LEFT VENTRICLE BY A ROUND ULCER OF THE STOMACH.

The following case is related by Dr. BRENNER in the *Wiener Medicinische Wochenschrift*, No. 47, 1881: A woman, fifty-five years of age, was admitted to hospital suffering from repeated hemorrhages of the stomach, from which she finally died. She had had a pleurisy on the left side some six months previously. At the autopsy the left lung was found to be retracted and closely adherent to the diaphragm. The two surfaces of the pericardium along the left border of the heart could not be separated without dissection, and the dilated stomach was also adherent along the lesser curvature to the diaphragm. About two inches from the cardiac orifice, on the lesser curvature, was a round ulcer almost as large as the palm of the hand, at the edges of which were seen the gaping coronary vessels whence the fatal hemorrhage had come. At the bottom of this ulcer was a sinus communicating directly with the cavity of the left ventricle, through an opening in the endocardium, the size of a pea. It is remarkable that, notwithstanding this perforation of the heart, there was no serious cardiac disturbances during life, and the hemorrhage causing death was from the open ends of the coronary vessels of the stomach, and not from the heart.—*Med. Record*, Oct. 7.

### SYPHILITIC GUMMA OF HEART DIAGNOSED DURING LIFE.

MANNINO (*Brit. Med. Journ.*,) reports the case of a patient, who had contracted syphilis eight years before, and who had a pustulo-crustaceous syphilide, also attacks of dyspnoea becoming more frequent and severe. He became weak and began to cough. Lips, etc., were blue, trunk and neck mottled, the jugular veins swollen, hands cold, pulse imperceptible, belly swollen. No increase of heart dullness. The apex beat could not be located. Pulsation was visible in epigastrium to the left of sternal line. First sound of heart obscure, and accompanied by very weak murmur. A somewhat louder bruit heard at base, and at right of sternum; second sound weak but clear. Murmur much more distinct in epigastrium than elsewhere. There was cedema of posterior thorax and legs. Respiratory sounds normal except slight mucous râles. From these symptoms it was diagnosed that the right side of the heart was chiefly affected, and that the disease was not in the valves but in the muscular structure. Death occurred suddenly soon afterward, and on *post-mortem* patches of fibrous induration were found on both ventricles with gummy myocarditis of the musculi papillares.—*Id. Med. Jour.*

### EFFECTS OF SMOKING ON THE HEART.

Cases of intermittent pulse have often been observed, of which the cause was unquestionably the use of tobacco, the difficulty disappearing in almost every instance where the habit was abandoned. The *Sanitary News*, under the head of "Danger Signals," presents the following interesting facts on this subject:

"Some years ago, M. Decaisne drew attention to the fact that tobacco smoking often causes an intermittent pulse. Out of eighty-one great smokers examined, twenty-three presented an intermittent pulse, independent of any cardiac lesion. This intermittency disappeared when the habit of smoking was abandoned. He also studied the effects of smoking on children from nine to fifteen years of age, and found that it undoubtedly caused palpitation, intermittent pulse and chloroanæmia. The children, furthermore, became dull, lazy, and predisposed to alcoholic drinks. Recently he reported to the Société d'hygiène (*Gazette Obstétricale*) the results of his observations on the effects of smoking on women. Since 1865 he has met with and observed forty-three female smokers. Most of them suffered from disturbances of

menstruation and digestion, and eight presented very marked intermittency of the pulse without any lesion of the heart. He gave detailed accounts of these eight cases, in which all treatment directed against the intermittency proved utterly useless, while the suppression of tobacco was invariably followed by improvement and very often by complete disappearance of the phenomenon." —*Mich. Med. News.*

### HYDATID CYST OF THE HEART.

M. ARNOLD reports the case of a young man, 21 years of age, who had been subject to fainting spells—heart's action energetic but the pulsations regular and normal,—cyanotic condition of skin, without true respiratory embarrassment, general and confluent urticaria, manifest tendency to algidity. The autopsy discovered three hydatid cysts at the apex of the left lung; in the pulmonary artery numerous free hydatids of all sizes, still more hydatids in the right ventricle. In the right auricle a cystic tumor semi-collapsed with an enlarged slit-like opening toward the tricuspid orifice and filled with hydatids; the liver and spleen contained no cysts. —*Gazette des Hép.*—*Can. Jour. Med. Sc., Oct.*

### HEART TUBERCLE.

HIRSCHSPRUNG (*Jahrb. für Kinderh.*, xviii, 2 and 3,) reports an interesting case of a girl eight years old, who was a healthy looking child, but on admission to the hospital had serious symptoms pointing to the cardiac region, and represented by a tumultuous action of the heart, diffuse pulsation, increased cardiac dulness, slight cough, heightened temperature, and increased respiration. Dyspnea and cyanosis set in, and the child died seven days after entering the hospital. A tubercle as large as a walnut was found in the internal wall of the left ventricle; a few miliary tubercles in the anterior part of the left upper lobe, and nowhere else in the lung; the bronchial glands, especially on the left side, were found in a state of cheesy degeneration, as were also the mesenteric glands; there were tubercles in the spleen and pericardium. The liver and spleen were enlarged, and the intestinal glands swollen but not ulcerated. —*Boston Med. and Surg. Journal.*

### VENESECTION IN HEART DISEASE.

In the *Lancet*, Dr. BEDFORD FENWICK, in the course of an interesting article on this subject, says that his attention was first called to the value of venesection in heart disease by a mere accident. A young man was admitted into the hospital with mitral stenosis and aortic regurgitation. His condition became gradually more and more critical until he became drowsy, almost comatose, and his death was hourly looked for. When in this condition he threw up his arm, and striking his nose violently, it began to bleed very freely. Attention being called to another patient, his nose was allowed to bleed, thinking that it would soon stop. He lost some twelve or fourteen ounces of blood, and when again examined was found perfectly conscious, breathing quietly, and calmly said that he felt much better. His improvement was uninterrupted, and in a few days he returned home. Loss of blood is a common cause of fatty degeneration, therefore it would not be wise to bleed where we have or fear fatty degeneration.

Dr. Fenwick only uses leeches or cupping to remove blood directly from the cardiac region in cases where stenosis exists. He imagines that we obtain thereby more certain and more rapid results with a more accurate loss of blood than when venesection from the arm is resorted to. Still this is a matter of such great practical importance to the patient's welfare and to our own success, that he feels bound to state distinctly some reasons for his judgment: 1. The patient and the patient's friends usually object less when

leeching or cupping is suggested, than when "bleeding" is proposed, and they are less alarmed at a local application to the seat of disease than at the procedure necessary to open a vein and keep it bleeding. 2. The quantity of blood to be abstracted can be more accurately measured and controlled, and is generally much more easily obtained, in cases of advanced stenosis, by local than by brachial venesection. 3. Even as, like all practical men, he gives a hypodermic injection of morphia at the seat of pain, although he cannot explain why its insertion there should give so much greater and more rapid relief than when introduced into the same blood at a distance, so he cannot explain why a little blood removed from the cardiac region should afford greater and quicker relief than is derived by the abstraction of even a somewhat larger quantity from the arm. He does the former and leaves the latter undone in these cases, because he is convinced of the great practical truth that thereby greater good is gained.

He has been astonished to find how drugs which had been given for days or weeks without apparent benefit, as soon as even a little blood has been removed, seem at once to assert their power again. Next, with regard to acute pericarditis and endocarditis, he has not had the opportunity of using venesection in many such cases, but where he has done so he has invariably bled by cupping the cardiac region, and always with good result—so successfully, indeed, as to make him believe that if this measure be taken at the onset of the disease it will very often, if not always, cut the attack short, or at least greatly mitigate its severity.

Finally, with regard to pain, more or less severe and more or less persistent in the cardiac region, he has found nothing give such rapid and complete relief as local abstraction of blood. In conclusion, he summarizes thus:

1. In cases of valvular stenosis, if dyspnoea, or pain, or urgent symptoms be present, bleeding is generally useful; that it appears to be better to bleed often, if necessary, but to take only a small quantity each time, and this by means of leeches or the cupping glass, direct from the cardiac region.
2. In cases of valvular incompetency, if urgent dyspnoea or cyanosis or stupor be present, it appears best to bleed freely from the arm, to about sixteen or twenty ounces, if necessary, and if possible once for all.
3. In cases of acute pericarditis and endocarditis the attack may possibly be cut short by freely cupping the cardiac region at once.
4. In cases of cardialgia, without any evident cause, leeching or cupping over the heart's area will probably give relief.—*Med. and Surg. Rep.*, Sept. 9.

## PAIN AT THE HEART AND PALPITATION.

Dr. J. BURNEY YEO publishes a very valuable lecture in the *Lancet*, on this subject. There are few symptoms that we are more frequently called upon to relieve than pain at the heart and palpitation, and in nine cases out of ten these symptoms are referable to dyspeptic conditions or to hysterical states. Pain anywhere in the left side of the chest, and often pain in the epigastric region, are commonly spoken of by the sufferer as "pain at the heart." While this pain may have nothing whatever to do with the heart, yet I have been somewhat surprised, while carrying out the method of exploration about to be described, to find in how many of these cases, where "pain at the heart" has been complained of, there has been quite unmistakable tenderness on pressure with the tip of the finger over the seat of the apex beat. The following different causes of thoracic pain may be incorrectly referred to the heart: Intercostal rheumatism, intercostal neuralgia, costal periostitis, of syphilitic origin, pleuritis, pain and discomfort attending flatulent distension of stomach. Under this last head I would mention one of the effects of abuse of tea, coffee and tobacco. Either of these, but especially tea, will frequently give rise to a form of dyspepsia, associated with vague pains in the chest, not always limited to the region of the stomach, but often referred to a spot higher up on the left side of the chest, and commonly accompanied with disturbed cardiac action and a nervous apprehension of the existence of

heart disease. Finally, there is a pain usually spoken of as "sub-mammary," which you will often hear complained of by young women who are anæmic, or who suffer from menstrual derangement. It is frequently associated with tenderness on pressure over the ovaries, especially the left one. These several varieties of pain can be recognized by looking for the well known characteristic signs of each.

Dr. Péter considers the following method of examination of equal importance with that of auscultation or percussion. You must bear in mind that the cardiac muscle in the healthy state is insensible. (The method I am speaking of consists in simply pressing with the tip of the index finger, and with moderate force, along the intercostal spaces corresponding with the præ-cordial and præ-aortic regions, and generally on the several points in the thoracic and cervical regions which are in relation with the organs whose sensibility we wish to explore). Patients who suffer from chronic myocarditis often complain of a dull, heavy, almost constant, deep-seated pain in the region of the heart, aggravated at times under the influence of emotion or any considerable effort, and shooting then into the back. In such cases pressure with the tip of the finger along the intercostal spaces in the præ-cordial region, close to the sternum and over the ventricle, will constantly afford distinct evidence of the existence of a morbid sensibility of the cardiac muscle. The patient will often complain of severe pain when pressure is made over certain definite spots. In these cases the pain is especially felt in the fourth and fifth left interspaces when the surface of the ventricle is in contact with the wall of the chest, and also over the cardiac apex. And pressure over the apex will remain painful even after the pain has disappeared, under suitable treatment, from the other points.

Dr. Péter has noticed that in middle-aged men who suffer from the excessive abuse of tobacco, pressure over a very limited point on the third left intercostal space, near the sternum, will give rise to acute pain; and he thinks this point corresponds with the auriculo-ventricular groove, and that this strictly localized pain is probably due to a morbid condition of the ganglion of Remak, consequent on tobacco impregnation.

Pressure over the præ-aortic region is also of special importance in exploring the sensibility of the cardiac plexus and its tributary nerves; but it is necessary to be careful not to press too strongly over this region, as an attack of angina has been induced by neglecting this precaution.

Dr. Péter mentions that pain in this situation is very significant of lesion of the aorta affecting the whole thickness of its walls. In such cases Dr. Péter has found, and I believe, been able in several cases to corroborate his statement to a certain extent, that there is tenderness on pressure over the pneumogastric, at the root of the neck, especially on the left side, and in other parts of its course.

Now, there is one clinical fact you may accept undoubtedly, and that is, that complaint of cardiac pain is much less common in mitral than in aortic disease.—*Med. and Surg. Rep.*, Oct. 7.

### CAUTION IN SEA-BATHING.

Those ought not to undertake sea-bathing, who are not strong enough to react promptly.

Those who experience ill results from imperfect reaction, suffer from occipital headache, backache, and muscular soreness generally; the appetite becomes poor, the digestion feeble; they sleep poorly if they do not get into a condition of wakefulness, and ultimately grow into an anæmic state with much bodily weakness.

A weak heart from fatty walls or dilatation of the cavities, is a serious contra-indication of sea-bathing. On entering the water, the surface blood, having lost some of its proper heat, is suddenly precipitated on the heart, inducing, it may be, a prompt paralysis of the organ. Atheromatous cerebral vessels are equally dangerous, for when the superficial arteries contract, the intra-cranial blood pressure rises in a corresponding degree. An instance of

remarkable lack of judgment on the part of a physician, recently came under our observation, *apropos* of this subject. A gentleman of sixty-five having well-marked atheroma of the vessels, and who had experienced a short time before an attack of thrombosis of a cerebral artery, followed by right hemiplegia, was advised a course of sea-baths at a point on the coast where the temperature of the water is always low! Fortunately the patient had a well-grounded apprehension that some mischief would result, if he carried out the advice given him, and refrained from bathing.

A sea-bath should not be entered soon after a meal, and it is equally injurious after a long fast. The body should not be heated by active exercise, just before entering the water, and a state of bodily fatigue is not less hurtful. Some moderate walking exercise, to call out the energy of the cardiac and respiratory centres, is useful as a preliminary. Only the most vigorous persons, accustomed to the sea, should plunge at once into the water, immersing the whole body. The less vigorous should content themselves with a gradual immersion. Active movements, as far as practicable, should be carried on whilst in the water, and when re-action is fully established the time has come for leaving the bath.

Sudden and unexpected deaths in the water are by no means uncommon. We hear of expert swimmers, in good health, seized with some surprising disability, and sinking unobserved or failing without apparent cause, before rescue can reach them. The condition known as "cramp" may explain some of these instances. When the muscles are kept in vigorous action in such a medium as sea-water, they labor under a tremendous disadvantage. The heat of the body is continually and rapidly abstracted; the superficial portion of the blood cooled, the action of the heart is thereby depressed, and the nervous centres in general perform their functions less energetically in consequence. Sudden paralysis of the muscular system might, under such circumstances, readily occur. Some of those in apparent health, who indulge in sea-bathing, have damaged organs, weak hearts, adherent pericardium, atheromatous vessels, etc., morbid states of the existence of which they may be entirely unconscious. The shock, the depression, and the re-action, awake the unsuspected malady to a sudden activity. Sudden deaths, unaccountable as they may appear, are thus explained.

In suitable cases sea-bathing renders an incontestable service. That lowered condition of the vital forces due to sedentary habits and an indoor life, is greatly improved by sea-bathing. In no state is this remedy more conspicuously serviceable than in chronic malarial poisoning with the attendant phenomena. In simple lithæmia sea-bathing promotes oxidation and the elimination of the products of waste. The group of strumous diseases, incipient phthisis, if there is strength enough for vigorous re-action, nervous dyspepsia, simple wakefulness without cerebral lesion, etc., are amongst the maladies in which the best results may be expected from sea-bathing.—*From Editorial in Med. News, Sept. 16.*

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### REST IN TREATMENT OF HEART DISEASE.

By this we mean not positive, but comparative rest; neither do we refer to inflammatory affections of the heart, wherein, from the very gravity of the disease, confinement to bed and consequent rest become necessarily assured. We are thinking of those cases of heart exhaustion, so to speak, of individuals whose general health and tonicities is much run down, from overwork or abuse, and in whom the heart shares in this general vitiation. Possibly the organ is not in itself diseased; its organic integrity may be perfect, but its muscular walls may be flabby and weak, ready to yield to, or, more properly, unable to resist, any great strain. If, when in this condition, the man resorts to any violent muscular exercise, or subjects himself to the influence of violent physical emotions, this weak heart may become mechanically distended, in its efforts to perform the extra labor demanded of it. Or it may be that dilatation has already taken place to some extent; then does it become important to allow the organ time for the development of the beneficent

hypertrophy that will do so much to preserve its integrity. By rest, we mean to advise your patients who are threatened with or already have dilatation of the heart to do everything slowly, to perform every act of life deliberately, and to avoid, as far as possible, all occasions calculated to excite the passions or emotions. We must ever remember what a delicate machine the heart is, and how easily it can become deranged, and realizing this, must consider how much more care this organ requires when it is already diseased. We must, under such circumstances, walk slowly, think slowly, eat slowly, in a word, do everything slowly. It is not well, and we do not recommend the carrying of this advice to the verge of laziness; but what we do mean is, that while it is well for all (either sound or diseased) to avoid hurry, it is ten times more important, aye, absolutely imperative, for the man with a weak or diseased heart.—*Editorial in Med. and Surg. Rep., Oct. 7.*

### CARDIAC INHIBITION.—USES OF BELLADONNA AND ATROPIA.

In the *Lancet*, Dr. J. H. WHELAN says:—

Without going deeply into physiology, let me briefly summarize the evidence of cardiac inhibition, its causes, and the effects of atropine.

1. If we send an interrupted current into the exposed vagus of an animal, after an initial latent period (which is .16 of a second in the rabbit, according to Donders), the heart stops beating and remains in diastole.

2. If we give a dose of atropine before applying the electrodes, no such thing takes place.

3. The application of muscarin or pilocarpine seems to produce profound cardiac inhibition, which a small dose of atropia removes.

4. Nicotine paralyzes, the cardio inhibitory vagal fibres, after first stimulating them, while atropine seems to have an effect on the heart itself as well. The results of experiments teach us that the hypodermic injection of atropine before chloroform inhalation may ward off death itself. In some extreme cases of hysteria or allied disorders, we have patients going from one faint into another; frequent syncopic attacks. In the allied abnormal condition of pregnancy, that called by old authors hypothæmia, we have the same condition. In both, this drug ought to prove extremely useful. In the former we have impulses originating probably in the higher centres, causing frequent inhibitions; in the latter the uterus takes the place of the brain. I once saw a very interesting case under Surgeon Hamilton, in the County Meath Infirmary. A man was brought in suffering from slight localized abdominal tenderness and obstinate constipation. The pain increased, and the pulse became very weak and fast, while the constipation continued, in spite of many remedies. He was ordered a grain of extract of belladonna every hour. After the second dose the pulse had improved wonderfully, and assumed the normal type in all characters. He got ultimately worse and died, when a perforating ulcer of the pylorus was found. Leaving difficult explanations aside, I think we have in the deadly nightshade a means by which we can prevent persons from fainting. By the hypodermic use of atropia the surgeon may remove the effects of the shocks of gigantic wounds of railway accidents and battle. I remember a hysterical girl in whom I at different times opened a minute abscess and removed two dental stumps. By each little operation she was caused to faint several times. Finally, in the last instance, before using the instrument, she was giving twenty-five minims of tincture of belladonna, with the result that she did not faint, neither did she manifest any signs of weakness. If, then, as it seems, we are in possession of a drug which will prevent cardiac inhibition, cases of "death from shock" ought to fade from the death register.—*Med. and Surg. Rep., Oct. 26.*

### HOT APPLICATIONS FOR HEART-FAILURE.

A writer in the *Lancet* (Dr. GILL) advises, for heart-failure, the application to the chest of cloths dipped in hot water.—*Med. Record, Sept. 16.*



## ELECTRICAL TREATMENT OF ANGINA PECTORIS.

Dr. LÖWENFELD relates a case of angina pectoris in which galvanization proved beneficial. The patient, a man aged forty-seven, was subjected to attacks of the disease occurring every month or two. These were characterized by excited respiration, oppression, small, frequent pulse, sternal pain radiating to the left arm, and convulsive tremors of the limbs, and lasted about one hour. The heart was normal. The constant current was applied for one minute to each side of the neck along the course of the pneumogastric. The sense of oppression was immediately relieved. Ten such applications in the course of three weeks were followed by complete freedom from the attacks for more than two years.—*Lond. Pract.—Louv. Med. News, Oct. 21.*

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 FAILING VITAL POWERS.—SUBCUTANEOUS INJECTION OF ETHER.

It should be more generally known that ether injected subcutaneously has a powerful stimulant effect, and is remarkably efficacious in cases of extreme depression of the powers of life. It has long been used to a limited extent in such cases, but increasing experience has enlarged the domain of its application. In adynamic pneumonia, in fevers when failure of the vital powers is threatened, in the puerperal state, in cases of thrombosis of important vessels, the injection of ether has been lately used with singular benefit. Besides, as a stimulant in conditions of depression it has important applications as a hypnotic and local anodyne. In cerebral excitement and wakefulness, accompanied by depression of the arterial circulation, it is most useful. In the more chronic cases of superficial neuralgia, as sciatica, lumbago, intercostal pain, zoster, etc., ether injected in the neighborhood of the affected nerves often gives surprising relief.

There are contra-indications to its use. It is not proper in the cases of cardiac depression due to chloroform or ether narcosis, and yet it has, in the confusion incident to such an event, been freely injected on the cessation of the cardiac or respiratory movements. Under similar circumstances, alcohol has also been freely injected subcutaneously, but this practice is equally improper—and both for the obvious reasons that these are synergistic agents. Ether, subcutaneously, is also not a suitable remedy when there is arterial excitement with power.

The technical details are simple. Ether must be injected with a glass or metallic syringe. Rubber and celluloid are damaged by it. As ether dissolves the oil with which the piston is lubricated, the syringe should always be put in order after ether has been injected. It is a useful precaution, also, to see no particles of dirt or of leather are taken up with the fat. Vaseline appears to be the safest lubricant under these circumstances. From ten to sixty minims is the dose—fifteen minims being the quantity most frequently injected. Some smarting attends the operation, but if the operator is careful in withdrawing the needle to press on the orifice tightly, to prevent the ether escaping, much smarting will be thus obviated. A puffy swelling is caused by the vaporization of the ether, and this presently subsides, and only rarely is an indurated knot formed. An anæsthetic and analgesic area or limited extent surrounds the puncture.

The ether used should be of good quality—as good, indeed, as that employed for inhalation. The number of times injected will depend on the character of the case, but there appears to be no reason why it may not be injected frequently. Three or four times a day has been the rate in cases of adynamic pneumonia. When sudden, extreme depression of the heart is to be overcome, ten or twenty minims can be injected every five minutes, until some result is reached.

The systemic effect is that of a stimulant; the action of the heart is increased, the surface grows warm, and the nerve centres and the organs of the body in general functionate more quickly and powerfully. The curative

results of the subcutaneous use of ether are not only different, but in kind, from the stomachal administration of the same agent. This fact must be recognized to obtain a correct notion of the utility of this practice.—*Medical News*.

### CARDIAC DYSPNEA.

Prof. GERMAIN SÉE recommends the following for cases of dyspnea due to cardiac disease:

Pot. iod., 1-2.00 gm.; chloral hydrat., 2-4.00 gm.; mucilag. acac., 120.00 gm. A teaspoonful every two hours. An opiate may be substituted for the chloral. Inhalations of iodide of ethyl are sometimes as beneficial as in asthma.—*Le Progrès Méd.—Louv. Med. News, Sept. 23.*

### SIMPLE METHOD OF COUNTING RAPID PULSE.

Dr. A. W. ABBOTT, of Minneapolis, advises in the *New York Medical Record* the following simple method of counting a pulse too rapid to be taken in the ordinary way: "During a definite part of a minute, one-fourth usually, with a common lead pencil dots are made upon a sheet of paper *synchronous with the heart beats*, as heard over the cardiac region. The dots are then counted, and the number calculated for the whole minute.—*Can. Jour. Med. Sc., Sept.*

### CHLOROSIS.—HYDROCHLORIC ACID.

ZANDER gives hydrochloric acid instead of iron in all cases of chlorosis, with eminently satisfactory results.—*New Eng. Med. Mo., Oct.*

## DISEASES OF THE ORGANS OF DIGESTION.

### IDIOPATHIC SPASM OF THE TONGUE.

The isolated independent spasm of the tongue belongs to the rarest forms of spasm. Under the name "aphthongic." Fleury described a singular neurosis in the hypoglossal region, in which each attempt at speaking called forth tonic and clonic spasms of the muscles of the tongue, which rendered articulation impossible. Berger, (*Neurol. Centralbl.*, No. 8, 1882,) has met with two cases, the first being that of a lady aged 28, neither nervous nor hysterical, in whom there appeared, during the last few years, whilst enjoying the best of health, a peculiar tension above the larynx, and a feeling of swelling in the tongue, followed after one or one and a half minutes, by a rhythmical twitching of the tongue, which was propelled against the row of teeth at the rate of fifty or sixty a minute. During the attacks, which usually lasted from one to two minutes, speech was impossible. Other cephalic disturbances there were none, nor was there any anomaly either of the tongue or of the oral cavity. A course of baths in Landeck, and the use of iron spas, brought about a cure after some time. The second case was that of a man in whom, after his fortieth year (now two and a half years ago), the tongue was periodically projected from the mouth with great rapidity and force, this happening sometimes several times in the week; at others, several times in the same day. The author assumes for both cases an irritable condition, either cortical or bulbar, of the hypoglossal nerve as the cause, and adds, as similar in the above, two observations which he has made on men aged 44 and

56, in whom there was spasm of the cremaster muscle, lasting two or three minutes, several times a day. Kissingen and Karlsbad waters cured the one case very nearly; in the second, the subcutaneous administration of atropine, and three weeks' galvanization (positive pole on the spinal cord, negative pole to the scrotum) effected a cure.—*London Med. Record.*—*Med. News*, Sept. 9.

#### SUPERFICIAL EXCORIATIONS OF THE TONGUE.

In two cases (females) occurring in the private practice of Dr. W. W. HACK, he noticed beside red, also yellow margined excoriations. The latter changed location gradually, and were painful even when unirritating food was taken into the mouth. Hereditary syphilis as the cause of these desquamations could be excluded with certainty. Both women had suffered from the affection since childhood, and the tendency to these excoriations was traced back three generations. Dr. Hack closes by saying that he has observed these yellow margined excoriations only in females, while in 600 soldiers he has found twelve times, red excoriations, but not once yellow-margined ones.—*Detroit Clinic*, Oct. 4.

#### ATROPIN FOR DRIBBLING FROM THE MOUTH.

Dr. G. F. YEO, says, in the *Lancet*, that often, in cases of paralysis, and sometimes in fracture of the skull, dribbling from the mouth is a most distressing symptom; it saturates the pillow and robs the poor patient of much needed sleep. A little atropin injected under the skin in the neighborhood of the gland, checks for hours the flow of saliva and enables the sufferer to enjoy a quiet sleep.—*Med. and Surg. Rep.*, Oct. 21.

#### IODOFORM IN TUBERCULOUS PHARYNGITIS.

At a recent meeting of the Soc. Médic. des Hôpitaux, M. GOUGUENHEIM related the facts of a case of tuberculous ulceration of the pharynx cured by applications of iodoform. The different forms of tuberculous angina, well described by M. Isambert, were considered by him as fatal. In M. Gouguenheim's observations, applications of iodoform very rapidly induced cures of the ulcerations; it is true they recurred twice, but at present they seem to have definitively disappeared. M. Gouguenheim employs a solution of iodoform in ether, but insufflations of the powdered drug may be directly used on the ulcerations. He concludes, from his observations, that iodoform is a powerful modifying agent when applied to tuberculous ulcerations.—*Med. and Surg. Rep.*, Sept. 23.

#### ANÆSTHESIA OF PHARYNX.—TINCT. COCA.

M. DU CAZAL remarks that tincture of coca is an excellent medicament to cause anæsthesia of the larynx. This can be secured by simply painting the mucous membrane. This fact is of interest to all who use the laryngoscope.—*L'Union Méd.*—*Western Med. Rep.*, Sept.

#### DYSPEPTIC VERTIGO.—NITRO-MUR. ACID.

Clinic of ALONZO CLARK, M.D., Emeritus Professor of the Principles and Practice of Medicine in the College of Physicians and Surgeons, New York.

A good many years ago Mr. Bird found that nitro-muriatic acid would aid digestion, and he found that two or three drops of the strong acid would relieve dizziness from a disordered stomach, if given at the beginning of a

meal. He published a report of his successes, and then I made a trial of this remedy, but I did not administer it just as he directed, but gave it after meals, and in five-drop doses in five tablespoonfuls of water, taken through a tube in order to preserve the teeth from the action of the acid, and I often gave ten or fifteen grains of pepsin with it, to aid digestion. I can hardly tell you how many cases of dizziness I have seen cured by this administration. One case I remember was that of a man eminent in politics, who came to me fifteen years ago complaining of dizziness, and I gave him this acid for it. In ten days he came back, and told me that he was now well. He then discontinued the use of the remedy, and in three or four months he came back and asked me for the same prescription, and when he began using it he was cured again.

At another time I was riding in a Third avenue surface car and I noticed that the conductor looked at me very intently, and at last he came up to me and asked if I was not Dr. Clark. I answered, yes. Then he asked if I did not know him, and I said No. Then he said: "Four weeks ago I came to you because I was dizzy most of the time, and you gave me some acid, and in four or five days I was completely cured." This remedy for dizziness is not in very general use, and it is worthy of being employed far more extensively than it is now I believe.—*Med. Gazette*, Nov. 4.

#### DYSPEPTICS SUBJECT TO PERSPIRATION.—ATROPINE.

M. SASSEZKI (*Journ. de Méd. d'Algerie*) has determined, in the cases of three patients suffering from chronic gastritis and four healthy persons, during a phase of profuse sweating, the degree of acidity of the liquid taken from the stomach, the digestive power of the latter on fibrine, and the amount and the degree of acidity of the urine. He found that the sweats weakened the digestive power of the gastric juice, reduced at the same time its acidity, and that also of the urine; and this the more energetically the more abundant the perspiration was. From the practical point of view, the author inquires if, amongst dyspeptics subject to perspiration, it would not be well to try atropine to diminish the perspirations, and to increase, at the same time, the acidity of the gastric juice. He, likewise, is of the opinion that this same acidity might be increased by rendering the urine alkaline by means, for instance, of a vegetable diet.—*Lond. Med. Rec.*—*Med. News*.

#### IODOFORM IN GASTRIC ULCER.

Dr. M. J. REDMOND (*British Medical Journal*, May 6th, 1882), having observed the rapidity with which external ulcers heal under the influence of iodoform, gave a marked case of gastric ulcer three grains of iodoform three times daily, in pill form. The hæmatemesis which had been persistent up to the use of the iodoform diminished, vomiting ceased, pain and tenderness decreased, and within a month the patient had fully recovered. The patient was a young unmarried woman, so it is possible that there might be an hysterical element in the case.—*Chicago Med. Review*.

#### TREATMENT OF VOMITING BY ABSTINENCE FROM FOOD AND MEDICINE.

Dr. S. G. WEBBER writes:—Sometimes vomiting is a very troublesome complication in disease of other organs than the stomach. In Bright's disease, in various functional as well as organic nervous disorders, in uterine affections, in cardiac and lung diseases, the physician is at times annoyed or become anxious as to the result on account of the obstinate vomiting; the derangement of the stomach becomes more important than the original dis-

ease. Effervescing drinks, oxalate of cerium, creosote, small doses of ipecac, hydrocyanic acid or tincture of nux vomica, bismuth, and various other remedies do not give relief, but seem rather to aggravate the symptom by exciting the vomiting afresh.

It is not necessary to inquire now why vomiting is thus persistent; there seems from some cause to be an irritability of the nerve centres, such that the presence of anything, even water, in the stomach serves to excite the reflex act of vomiting, and the more frequently this happens the more is the irritability of these centres increased. This condition may be due to disease, primarily or secondarily, or it may be produced by unwise medication.

Often the best method of treating this complication is to give the stomach rest. Sometimes only a large amount of food taken at one time excites vomiting; then it is sufficient to resort to frequent feeding, giving a very small quantity each time, a mouthful, or a spoonful every fifteen to thirty minutes; thus the stomach never contains a large mass of food requiring considerable muscular exertion to roll it about and by its weight or bulk exciting the reflex irritability of the nerve centres. Many times, however, this is not enough, the stomach requires more complete rest, and the best treatment is to withhold all food and medicine; sometimes a few hours rest is enough, again it requires two or three days, then it will be necessary to use nutrient enemata.

Where there has been much vomiting thirst may be very annoying to the patient; small lumps of ice held in the mouth will relieve this, and generally do not cause vomiting. After the stomach has had sufficient rest it is best to commence feeding by the mouth with caution, giving a little frequently. Milk and lime water, equal parts, a teaspoonful every half hour, should be first tried; if well borne the amount can be increased gradually. It is a mistake to increase the quantity too rapidly. Some patients do better on soup, on Mellen's or Ridge's food, or on scraped raw beef.—*Boston Med. and Surg. Jour.*

#### ARTIFICIAL ALIMENTATION IN NERVOUS VOMITING.

M. GILBERT BALLEZ, in *Le Progrès Médical*, gives observation of two cases occurring in M. Charcot's service at the Salpêtrière. Both patients were hysterical, one very much so; there was almost complete intolerance of the stomach, every species of food and drink being vomited. Both patients, on entering the service, were placed on an exclusive milk diet, but without beneficial result, as the milk was constantly and very rapidly ejected from the stomach. Then a simple tube of soft rubber (tube de Faucher) was passed into the stomach, and one quart of milk injected; it was retained but a short time. The next day but a pint at one time was injected, and retained, and from that time milk was thus constantly introduced into the stomach and retained. This species of alimentation was continued for about fifteen days, about two or three quarts of milk being introduced daily, with four eggs beaten up and a spoonful of beef essence. After these fifteen days the first patient had gained eight pounds in weight and was able to eat without the tube. The results were equally good in the other case.

This method of artificial or forced alimentation, which is at present attracting considerable attention in the French capital, was first principally experimented by M. Debove, in phthisical patients who had fallen almost into a state of marasmus and were unable to retain any species of food on the stomach. In such cases it gave unhopèd-for results, and though it is not so constantly beneficial in incoercible nervous vomiting, it has in many cases given excellent results.—*Med. and Surg. Reporter.*

#### APOMORPHIA AS AN EMETIC.

Dr. W. G. STARK, Hamilton, writes:—As some of your readers may not be fully acquainted with the value of apomorphia as a safe and rapid emetic, I send you my experience in two cases. A man came to my office having swal-

lowed his plate of false teeth, measuring  $2\frac{1}{2}$  by  $1\frac{1}{2}$  inches. It still remained in the œsophagus, but out of reach or sight, gradually working down in spite of the man's efforts to prevent it. I immediately injected hypodermically into the arm  $\frac{1}{4}$  gr. of apomorphia which produced free emesis in six minutes, and also the removal of the plate.

I was called to a case of poisoning by morphine and although the woman was rapidly becoming insensible she would give no information about the size of the dose, and declined to take any antidote. I injected hypodermically  $\frac{1}{4}$  of a grain of apomorphia which produced free emesis in eight minutes and the case gave little more trouble.

These cases may call the attention of the profession to a medicine which I believe is still but little used.—*Canada Lancet*, Oct.

#### ANTI-NAUSEANT.

R. Creasote, 20 drops; acet. acid, 40 drops; morph. sulph., 2 grains; water, 2 ounces. M. Sig. Teaspoonful in a little water—*Ohio Med. Jour.*

#### GALL STONES.—TO DETECT.

Dr. WHITTAKER, of Cincinnati, claims that the presence of gall-stones may be determined by the use of a long hypodermic syringe "with ease, impunity, and almost unconsciousness."—*So. Pract.*, Sept.

#### CANCER OF THE ILEUM.

Primitive cancer of the intestines is much less frequent than cancer of the stomach; the most frequently affected intestines are the rectum, the cœcum, and the ileum.

Dr. De Castel points to the fact that most cancers develop on the termination of the different canals in the human economy. The portion of the ileum next to the ileo-cœcal valve is often the seat of epithelioma; this part is also essentially the seat of cancer of the ileum, and there are cases where there exists a circumscribed cancer of the valve. The most usual alteration is found above the valve, and then the glands are transformed to white hard masses, with some colloid corpuscles. The induration of the glands impedes the action of this organ, and hence the continued constipation. There are further voluminous ramifications of the mucous membrane which will diminish the cavity of the ileum, and there will be at last a complete obstruction of the canal, so that it is often impossible to inject any water through the canal in autopsy. The cancer will be confined either to the termination of the ileum, or it will attack the neighboring parts, especially the cœcum, which is transformed to a rigid canal devoid of any elasticity. In the latter cases it is difficult to distinguish the origin of the malignant growth, whether it was first in the ileum or in the cœcum, but Dr. De Castel thinks that in the most cases which he dissected the growth started from the ileo-cœcal valve. By the narrowing of the ileum great masses of fecal matter are accumulated, and they are rejected by the stomach. The covering peritoneum is also mostly degenerated, and the pericœcal cellular tissue forms adhesions with the canal and the fossa. The diagnosis of the incipient cancer is very difficult, the symptoms being of a dyspeptic character at first, with general malaise, but later continued constipation and vomiting of fecal matter will show the character of the disease, and the presence of a tumor in the iliac region will make the diagnosis correct. The pain is but a secondary symptom, and it is often entirely wanting. The seat of the pain is either in the stomach (gastralgia), in the epigastrium, or around the navel. There are sometimes colic-like pains, which result from violent contractions of the intestine to overcome the narrowed canal. The vomiting is often observed in cases where

the cœcum is not much involved. When the vomiting is fecal, it is tinged sometimes with blood resulting from hæmorrhage. The invasion of the peritoneum modifies the character of the disease, and there is either a tumor formed by the intestines adherent one to another, or there is a swelling of the abdomen which prevents the auscultation of the original tumor; in general the peritoneum is at last involved with the cancerous masses. If the glands are affected, the secondary cancer will attain a much larger size than that of the cœcum. The cancerous cachexia is often retarded. The course of the disease is short; from two months to one year. The treatment is confined to physics. Surgical treatment has never been tried in these cases, but it might become necessary in those cases which resemble strangulated hernia. —*Arch. Gén. de Méd.*—*Chicago Med. Jour. and Exam.*, Sept.

### ERYSIPELAS PROPAGATED THROUGHOUT THE DIGESTIVE TUBE.

In *La France Médicale*, M. RENDU reports a unique case of erysipelas contracted through contagion, and spreading through the entire alimentary canal. The disease originated at the site of a scratched acne pimple on the left cheek.

As regards the buccal cavity there was from the beginning no doubt as to the character of the trouble. The progressive swelling of the lips and tongue, together with the dysphagia and angina, indicated the propagation of the cutaneous dermatitis, which upon the mucous membrane of the cheeks and lips presented identically the same characteristics as upon the skin. The next day, nausea and vomiting indicated that the stomach was affected; the following day symptoms of a violent enteritis predominated, viz.: excessive tympanitis, colic, and profuse and fetid diarrhœa. This tympanitis and diarrhœa persisted, with alarming intensity, for five days, and did not begin to decrease until the end of a week. It was then that sharp pains, perineal swelling, and all the symptoms of a phlegmon appeared. In three or four days an abscess accordingly formed at the margin of the anus. Considering this in connection with the appearance later of a submental cervical abscess, the author concluded that intestinal erysipelas had existed.—*Med. Record*, Oct. 14.

### LEAD COLIC.—BELLADONNA.

M. BERNUTZ has been experimenting at La Charité with Malherbe's method of treating lead colic, a mode of treatment resuscitated by Picot, of Bordeaux.

Thirty years ago Malherbe, basing his opinion upon a long series of cases, advocated the use of belladonna in massive doses in the treatment of lead colic. He found the tolerance for this drug was in direct proportion to the intensity of the lead poisoning. Malherbe's plan was to give five centigrammes, about gr. viii. ss., of extract belladonnæ every half hour, until twenty or twenty-five centigrammes had been given. Concurrently he gave a purgative, as two drops of croton oil.

In M. Picot's observations the cure has been prompt, the constipation being overcome after the first day, and the colic immediately calmed. M. Bernutz has had to wait longer, and in some cases was obliged the next day to recommence the treatment; occasionally there were slight signs of atropinism.—*Gaz. des Hôp.*—*Med. Record*, Sept. 23.

### DYSENTERY.—DACOSTA'S TREATMENT.

In the *Medical Gazette*, Dr. J. M. DACOSTA, gives a succinct account of the treatment of sub-acute and chronic dysentery. By sub-acute is meant that variety where the symptoms indicate that some activity in the dysenteric process is present. There are pain, tormina, and tenesmus, though less than

in the acute; and, when the disease has lasted some time, it is probable that ulceration, though not necessarily extensive, has taken place. In such cases ipecacuanha must be resorted to, and probably the combination of bismuth, carbonate of soda, and quinine, the latter especially in malarial cases. When there is much pain on pressure and the thickened gut can be felt through the abdominal walls, counter irritation over the part is likely to be of value. Where there is much tenesmus, indicating rectal complication more than usually severe, opening injections and large enemata of warm water, are indicated, Dover's powder at night, and also injections of two grains to the ounce solutions of nitrate of silver. As the disease becomes more chronic in character as evinced by frequent evacuations, some straining and tenesmus, discharges mucus and occasionally tinged with blood, the internal use of twenty drop doses of oil of turpentine, guarded by small doses of tinctura opii every third or fourth hour, will be of service. Indeed this is a remedy of great importance. Its power of stimulating vascular action, and of expediting the reparative process, is shown by its power of causing granulation in an indolent chronic ulcer, say on the leg, when it is given in doses of from fifteen to twenty minims, the surface becomes florid instead of dusky, red granulations form and cicatrization rapidly results. It probably acts in the same way upon the ulcerated bowel. All through the course of the disease the most rigid hygiene must be kept up.

The chronic form which follows the acute is apt to be more severe and more fatal than the other. Old tropical or Indian residents are liable to this disease, and while often living for years, yet living a most precarious life. They are also very apt to be troubled with hemorrhoids either internal or external which adds to the irritation. The least exposure to chill is apt to induce an acute intercurrent attack of the same trouble. The disordered digestion and the functional derangement of the liver and accompanying portal congestion render the subjects more or less chronic invalids.—*Chicago Med. Rev.*, Sept. 1.

#### INTESTINAL OBSTRUCTION.—ASPIRATION.

Dr. JAMES C. WORTHINGTON has reported in the *British Medical Journal* a case that may be of use to us some day when we are in a perplexity. The case was this: The patient gave symptoms of strangulated hernia, stercoraceous vomiting, intense dragging pain, referred to the umbilicus, etc. There was great abdominal tenderness and a constant troublesome cough. After the most minute examination of the inguinal canal, nothing could be found. Several days passed by and the distress became extreme. Injections of warm water were given and large doses of opium. Abdominal section was decided upon, but first it was thought best to try puncture. An aspirating needle was introduced, and a large quantity of flatus drawn off with some fluid. Relief was immediate, and recovery progressed from that time on. Some days later a small indirect inguinal hernia showed itself on the right side for the first time. A truss was fitted and the patient cured.—*Chicago Med. Rev.*

#### IRRIGATION OF THE COLON.

Dr. CHAS. W. DULLES, in the *Medical News*, points out the usefulness of this mode of treatment, and also its application. The patient is placed on the back with the pelvis a little elevated. According to the age of the patient, a flexible catheter or a stomach tube is introduced into the rectum. To the tube is attached flexible tubing connecting with a reservoir, the height of which can be varied as needed. As the rectum slowly distends the tube can be carried further up and so on until the whole colon is distended. The fluid may be medicated and can be retained for some time, and the whole large intestine can be thoroughly washed out, removing irritating, undigested food, worms, flatus, etc. This method of treatment is undoubtedly valuable,



but great care must be used and no force. We must emphasize the last statement; take plenty of time and use no force. The intestinal mucous membrane is delicate, and laying aside all danger of perforation, strings of it have been dragged away by careless nurses. It is hardly necessary to say that no nurse should be trusted with this procedure.—*Chicago Med. Rec.*, Sept. 15.

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#### ASCARIDES LUMBRICOIDES AND PERITONITIS.

J. TAYLOR STEWART, M.D., Berry Station, Ky., mentions a little girl, eight years old, with the following brief history:

Three days preceding my visit she presented symptoms denotive of worms. She had received the popular santonine treatment. The medicine was administered by her father and in liberal quantities.

I saw her on the fourth day of her illness, and was greatly surprised to find her dying from diffused peritonitis. Before and after death several worms escaped from her mouth and nose.

Autopsy revealed a collection of worms in the peritoneal cavity. They were knotted together in a wonderful manner.

The point of perforation was readily found, as one of the worms was engaged in the opening. Just below this and in the intestine a very large collection of the same kind was found.

Sharing with those who ascribe to santouine dangerous therapeutic properties, I apprehend that the fatal issue in this case may be attributed to the intoxicating influence of this drug over the worms, exciting them to violent action, resulting in inflammatory softening of the intestinal tunics, and subsequent communication between the intestine and peritoneum.

In many instances I have observed the irritating and unsatisfactory manner in which santouine exerts its anthelmintic action.

We have in our possession more potential and much less dangerous vermifugal agents.—*Cin. Lan. and Clinic*, Oct. 21.

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#### ERGOTIN FOR PROLAPSUS ANI.

A boy, æt. 5, suffered two years from this complaint. After each act of defecation the bowel prolapsed, 5-7 ctm. The treatment instituted was first the usual one: cold effusions, cauterizations with nitrate of silver, the application of the tincture of the chloride of iron, and the internal use of tonics, besides regulation of the diet and attention to the secretions, especially preventing constipation. But the morbid condition continued more or less invariably the same. At last a suppository was made use of, consisting of ergotin, 2 to 3 grains, and of butyrum cacao q. s. The country practitioner who reports this case, in the *Arch. d. Pharm.*, remarks that the effect of this remedy bordered almost on the miraculous; after the application of a few suppositories, the ailment was cured.—*Med. and Surg. Rep.*, Oct. 21.

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#### CONSTIPATION.—BELLADONNA SUPPOSITORIES.

The extract of belladonna, says the *Monthly Record*, in one-half grain doses, made into a suppository and introduced into the rectum at bedtime will give relief to constipation, especially in females. The confined condition of the bowels produces a spasmodic condition of the rectal muscles, and the remedy acts by relieving the spasm without causing constitutional effects.—*Pittsburgh Med. Jour.*, Sept.

## DISEASES OF THE URINARY ORGANS.

## FATAL INFLUENCE OF ANÆSTHETICS IN DISEASES OF KIDNEYS.

Abstract of a paper read before the Surgical Section of the American Medical Association, 1892, by  
LAURENCE TURNBULL, M. D., of Philadelphia.

The writer dwells upon the great importance of attention to the condition of the kidneys by an examination of the urine when an anæsthetic is to be administered in a serious operation, or when a fatal result may be anticipated.

The first publication on this subject was by Dr. Emmett, of New York. The writer's attention has been drawn to this subject most recently, by finding that many deaths unaccounted for in any other way were due to this cause.

In the author's work (1879), he published "that the most dangerous condition in which to administer an anæsthetic is when there is renal disease, the blood being loaded with urea."

He enumerates a considerable number of deaths from this cause, and some of them only of very recent occurrence. Also cases of death from chronic albuminuria, from twenty-four hours to eighteen days after the use of ordinary ether, as well as when hydrobromic ether was employed, but very few cases from chloroform.

The kidneys are the active agents in eliminating the ether from the blood, and if they are unable to perform this office, and the skin is cold, moist, and inactive, death will supervene by accumulation of mucus in the lungs, or congestion of the brain, in true Bright's disease of the kidneys.—*Med. and Surg. Rep.*, Oct. 14.

## BRIGHT'S DISEASE AND INCREASED ARTERIAL TENSION.

This insidious enemy of health is, par excellence, a disease due to neglect of hygiene, and as one would suppose, is to be controlled more by observance of sanitary laws than by any drugs now in use. Its diagnosis is remarkably obscure, more so in many cases than that of any other known disease, its symptoms being so varied that no approach even to general rules can be laid down for its recognition. It was supposed at one time that albuminuria was proof almost of the existence of this disease, but we now know that albumen can be found in the urine when no disease of the kidneys exists. Sir Henry Thompson, prominent among many others, has noted that violent cystitis or urethritis will produce albuminuria. Dr. T. A. McBride, of New York, read a paper before the New York Academy of Medicine, on "The Early Diagnosis of Chronic Bright's Disease," which is thoroughly deserving of perusal by all. After pointing out the fact that neither albuminuria nor the presence of casts are proof positive of the disease, he contends that "increased arterial tension" is to-day regarded as one of the most constant and valuable symptoms of Bright's Disease.—*Med. and Surg. Rep.*, Oct. 14.

## BRIGHT'S DISEASE.—EARLY SYMPTOMS.

Attention has been called by M. DIEULAFOY to some early and little-known symptoms of Bright's disease. The first is excessive frequency of micturition, not necessarily associated with an increased secretion of urine. He proposes to call this symptom *pollakiuria*. Another symptom is itching over the body resembling the burning sensation produced by the sting of ants. A third symptom is the sensation of a dead finger. The patient feels cramps and creeping sensations in the fingers, never in the toes. Sometimes only one finger is affected, at other times the corresponding fingers of both hands. The extremities of the affected fingers become pale and bloodless. These sensations appear and disappear.—*Louv. Med. News*, Oct. 7.

## BRIGHT'S DISEASE.—FLUCTUATING SYMPTOMS.

Another case where an "off-hand" diagnosis may be wrong will be found in the albuminuria of Bright's disease. Dr. Alonzo Clark calls attention to the fact in the *Medical and Surgical Reporter*. A urine may be examined one day and found to contain not a trace of albumen, but it is too hasty to say that the patient is not suffering from Bright's disease. The urine should be examined every second or third day for three or four weeks, because the microscopic, chemical and clinical symptoms are often absent for two or three weeks in a case that is really confirmed and then will come again.—*Chicago Med. Rev.*, Sept. 15.

## BROMIDE OF POTASSIUM IN DIABETES.

The *Medical Times and Gazette* says that a member of the Academie de Medicine recently read a paper on this subject. . During the past six years he has treated fifteen cases. He ignored entirely the routine dietetic treatment, on the ground that the disease consists not in the presence of sugar in the urine, but in the disorder of the organism which produces the sugar in excess. He observed by chance, that a diabetic patient whom he was treating for another disease, and who was taking a drachm daily of bromide of potassium, improved very much. He then made experiments on rabbits, by producing artificial diabetes. Four grains of the drug injected into the veins caused the sugar to disappear. He has ever since used this drug with good results in this disease. Alkalies, iron, arsenic and quinine, according to their several indications, form part of the general treatment, as does also muscular exercise of all kinds.—*Chicago Med. Rev.*, Oct., 15.

## CHRONIC MALARIAL HÆMATURIA.—STRYCHNIA.

Dr. ORENDORF, Prof. Therapeut. Ky. School of Med., recommends the use of strychnina under the skin in this disease. This drug, he says, stands at the head of the vasomotor stimulants, and is especially useful in low vascular tension. It should be administered in full doses that the relaxed vessels may be made so tense as to prevent exudation. By full doses is meant the amount required to produce the desired effect; which is to stop leakage. Therefore, if one-thirtieth of a grain does not suffice push it to one-twentieth, to one-fifteenth, and then to one-tenth, repeating sufficiently often to secure and keep secured the physiological action of the drug.—*Chicago Med. Rev.*, Oct. 1.

## CHRONIC CYSTITIS.

In response to an inquiry the Editor writes:—

Chronic cystitis is extremely hard to cure under any circumstances, and sometimes resists the very best treatment. If your patient is in a comparatively good condition, give alkaline waters frequently and from ten to twenty drops of copaiba either alone or in emulsion three or four times daily. Should he have any special complaint that is keeping up the trouble give that your especial attention, with appropriate remedies. And if stricture exist dilate two or three times a week with sounds, or use electrolysis every third day. In the mean time wash out the bladder with the following mixture every day:—

R. Quinæ sulph., gr. xxx; acaciæ, 3 ij; morphinæ sulph., gr. iss; aquæ q. s. Ft., ʒ iij. M. Sig. Add one tablespoonful to three and a half ounces of warm water, after which inject one-third of this mixture into the bladder, and allow the solution after remaining for a few minutes to flow out, repeat with the second and third portions and after using the third part let it remain in the bladder as long as the patient can conveniently bear it.—*Med. Bulletin*, Sept.

# SURGERY.

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## OPERATIONS, APPLIANCES, DRESSINGS, ETC.

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### SANITARY CONDITIONS IN SURGERY.

The following are the conclusions of the paper read by Prof. James L. Cabell, at the recent meeting of the American Surgical Association in Philadelphia, reported in *Maryland Med. Journal*:

*Septic complications* have heretofore been, and often are still, the most fruitful causes of mortality after operations in hospitals where their malignant effects are observed after secondary as well as primary amputations. Much may be done to prevent the development of septic poison by careful and untiring attention to sanitary precautions, including all the details of personal and hospital hygiene. After securing all that can be accomplished by patient and scrupulous attention to sanitary arrangements, with a view to render the atmosphere of a hospital comparatively aseptic, there is good reason to believe that an additional protection of great value may be derived from the use of antiseptic precautions practiced in conformity with the Listerian principle. "Listerianism," practiced *de rigueur*, while not so essential in cases of amputation, where it may often be superseded by drainage and perfect cleanliness, has achieved results in operations on joints and in treatment of "abscesses by congestion," which have not been paralleled by any other system of treatment. The highest success has been attained without the precautions of Lister; nevertheless, preponderance of evidence is in favor of its utility in ovariectomy and abdominal sections generally, although marvelously good results have been obtained without special antiseptics, by careful attention to other sanitary arrangements.—*Va. Med. Mo., Sept.*

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### MEDICO-LEGAL IMPORT OF EXTRAVASATION AND ECCHYMOSIS.

When a blow or other injury is inflicted on a body after death, venous blood in small quantities may be effused under or upon the skin, but not into the substance of the *cutis vera*. When extravasation is extensive, or the skin thickened, having greater firmness and tenacity from infiltration of blood, it is fair to conclude that the injury has been received before death. This condition of the true skin, while not necessarily present in every case of contusion in the living, cannot be produced by blows upon the dead body. An ecchymosis following an injury received during life, may not make its appearance until some hours after death; or a small bruised patch, seen during life, may increase in size after death. A contusion received some hours or days before death, may often be recognized as an injury of some duration by the changes which have taken place in its color, the borders of the ecchymosed patch having become lighter and faded, and portions of the bruise looking greenish or yellow. It is well to recollect in medico-legal investigations, that a severe blow is not always followed by visible discolora-

tion. The injury may have been sufficient to cause death, and yet no mark of violence may be seen on the skin or subjacent tissues. It should also be remembered that a very slight contusion, causing little or no pain, may produce extensive ecchymosis in purpuric individuals, or in "bleeders," or in persons who have a large quantity of subcutaneous fat.—*Prof. Hunter McGuire, M.D., in the forth-coming second volume of the International Encyclopædia of Surgery. —Phys. and Surg. Investigator.*

### RACE IN ITS RELATION TO SURGICAL OPERATIONS.

The black race and the oriental nations sustain injuries and operations best; next stand the Anglo-Saxons; and, according to M. Chaffard, the Latin race is as far behind them as they are behind the black race. The immunity of the Chinese and Japanese to mortality after operations is remarkably shown by the various reports of medical officers serving in the East. It is stated that pyæmia is a rare occurrence among the *Chinese*, and in a recent report of one hundred and thirty-eight operations for lithotomy performed on persons of all ages and occupations, from two years old to eighty, but eight deaths occurred. A similar immunity is said to be enjoyed by the *Japanese* in regard to pyæmia, septicæmia, tetanus, and erysipelas. In our own country, the *negro* has generally borne injuries and operations well, provided that he has not been exposed to the after vicissitudes of cold and dampness. This was remarkably shown in the experience of the negro brigades during the late American war. According to the observation of the writer, when these soldiers, injured in battle, were cooped up in overcrowded and overheated hospitals, they did well; when, however, removed to well-ventilated pavilion hospitals, and placed under such hygienic conditions as are most favorable to the white American soldier, they did badly, suffering severely from intercurrent pulmonic and other acute inflammations. The *Irish*, from their peculiar mental elasticity, also bear operations well, and so do the more phlegmatic *Germans*. The *American* is not so good a patient; his activity of mind renders him restless and impatient of restraint; he looks anxiously forward to the end of his convalescence, and not infrequently ventures out of doors too soon, and thus hinders his own recovery.—*J. H. Brinton in International Encyclopædia of Surgery.—Med. Record.*

### TUMORS.—CLASSIFICATION.

The general ætiology of new growths is very dark. As local cause, only a certain irritation of the diseased part can be considered. As regards predisposition, it may be noticed that new growths are not unfrequently inherited; sometimes they are on the patient when born; again, they are at other times endemic or epidemic. Predisposing are also early youth and old age, overwork and insufficient food, also other disturbances of the general system, brought about by former diseases. But to return to our two groups—embracing all tumors known—benign and malignant.

From a practical standpoint those tumors are benign which rest upon purely local causes and interfere with certain functions only by pressure upon or pushing aside organs. They can entirely stop the action of an organ, and thus become harmful to the individual, even, perhaps, threatening life, but do not at all exercise any evil influence directly upon the general system. Finally, they remain circumscribed in the locality where they sprung up, and do not return after extirpation. In distinction from these we designate as malignant tumors, those that continually and steadily grow, and finally soften (break down); that successively appear in different places and different organs; that return upon the same or other places after extirpation (recidivation), finally, that develop a marked and general affection (cachexia), and most always bring death to the individual suffering from them.

To the first belong fatty tumors (lipoma), sebaceous tumors (steatoma), fibrous tumors (fibroma), the different skin tumors (cysts, lupiæ) and bone

growths (exostoses); vascular tumors (aneurisms, varices, telangiectasis), also polypi, cartilaginous tumors (enchondroma), that first became distinguishable by microscopic research, and were earlier mostly classed under the so-called steatoma, but only on account of their consistency and outward appearance. The representative of malignant tumors, from Hippocrates down to the present day, is cancer (carcinoma), so that malignant and cancerous are still used as synonymous. The fungus medullaris can be only technically a distinct or separate form of cancer; its origin being a hardened mass (scirrhus). Sarcoma is also included, and the tubercle, that formerly belonged to inner medicine only, in the category of malignant neoplasms.

(Abstract from paper by Dr. G. H. Boyland, of Baltimore, Md.)—*Med. and Surg. Rep.*, Sept. 16.

### TUMOR OF THE CORTICAL SUBSTANCE OF THE BRAIN.

The *Peether Med.-Cir. Presse*, No. 46, reports a very interesting case of a tumor of the cortical substance of the brain, presented by the Med. Corr., Prof. Wagner, in the University Clinic.

The tumor, of the size of a walnut, and apparently tubercular in character, was found in the left upper temporal lobule, and had caused softening extending to the posterior central convolution. The symptoms, which had been observed during life, and which may be ascribed to this tumor, were the following: Awkwardness and debility in the movements of the right hand, and two attacks of convulsions, beginning both times with spasm of the same hand. The second of these paroxysm, a very violent one, caused the death of the patient.—*Med. and Surg. Rep.*, Sept. 9.

### FATTY TUMORS OF THE PALM OF THE HAND.

Lipoma of the palm is an infrequent but important affection. The diagnosis is attended with difficulty, for the tumors are often fluctuating; and in this, as well as their slow and painless growth and rounded outline, and the fact that they sometimes extend under the annular ligament, they resemble cysts of the synovial sheaths. When punctured, however, they do not yield fluid, but, on the contrary, a small pellet of fat may be extruded, which makes the diagnosis certain. The treatment is excision; but this should not be lightly undertaken, as in the palm these tumors do not grow from the subcutaneous fatty tissue, but from the fat under the deep fascia or between the muscles. Indeed, it has been suggested that in some cases they are developed from precesses of the synovial sheaths of the flexor tendons, and are comparable with the arborescent lipoma of the synovial membrane of the knee described by Billroth. Great care must be taken to secure union of the wound by first intention, or the apparently simple operation may be followed by extensive suppuration in the palm and adhesion of the flexor tendons, with the result of a more or less useless member.—*The Lancet*.—*Louv. Med. News*, Oct. 21.

### CYSTOSARCOMA PHYLLODES.

Dr. C. FRIEDLÄNDER remarks, in No. 46, 1882, of the *Centralbl. f. d. Med. Wissensch.*, that the cystosarcoma mammae was first described by Joh. Müller, who mentioned as its special characteristics, that it consisted of papillary excrescences, which could easily be lifted out. Friedländer then cites a case reported by H. Chiari, in the *Wien. Med. Jahrb.*, 1881, p. 1. A tumor of the size of a walnut was extirpated from the parotid, in several pieces; it had been growing for two years. The pieces were dense, and consisted of a hard, sinew-like tissue on one side, and of a gland like structure, with fine linear spaces, on the other. Out of these spaces the same papillary excrescences could be lifted, as above mentioned. After a microscopical examination

Chiari pronounced the tumor to be an adenomyxoma. Three weeks after the operation the patient died, of erysipelas. At the post-mortem several metastatic nodules, up to the size of a walnut, were found in the lungs. They presented, under the microscope, the same histological structure as the tumor of the parotid.—*Med. and Surg. Rep.*, Sept. 23.

#### CYST OF FIBULA—EXCISION.

J. W. BUCHANAN operated on a lad twelve years old, for a large oval tumor on the outer side of right leg, extending from fibular articulation downward for about six inches, and measuring from its inner side to the middle of the leg behind, over its most prominent part, eight inches. On the inner side a slight furrow separated it from the tibia, but behind it could not be distinctly defined. It was immovably fixed, smooth, uniform in outline, hard on palpation, with here and there a spot which gave a semi-elastic sensation, with egg-shell crackle on firm pressure. The skin was freely movable over it. There was no pain nor tenderness to pressure, nor was walking interfered with. He stated that falling from a tree a year before, he had bruised his right leg below the knee. Hot fomentations had caused speedy relief of all painful symptoms, but there had remained a slight thickening of the tissues. A second injury upon the same part had been similarly treated, and had resulted in a similar manner, except that the thickening had been more marked. After a time this swelling gradually increased, then more rapidly, and more lately had remained stationary. As the indications seemed to be that the growth was malignant in nature, amputation was determined upon, and the patient was chloroformed for that purpose. However, upon cutting down upon the tumor, it was found to be a cyst, and Dr. Buchanan simply excised the upper half of the fibula. The patient recovered entirely.—*Glasgow Med. Jour.*—*Med. Record*, Sept. 18.

#### CYST OF THE FRONTAL SINUS.

Most writers on ophthalmology mention the frontal sinuses as the seat, in very rare instances, of cystic tumors. The cases reported, however, have been very few. Jager observed one case and Mackensie reproduces ("Treatise on the Eye," p. 97, 1855,) two cases reported by Langenbeck, Hanover, 1820. In each case the formation of the cyst appeared to follow an injury and there was marked exophthalmos in a downward and outward direction. On account of the rarity of the condition, I have prepared the following abridged translation from the report of the case by Teillais, in an article "*De Quelques Tumeurs de la Région Orbitaire*," *Annals d'Oculistique*, January and February, 1882.

"T., aged 32 years, fought as a sailor in 1862 in the battle of China. In the combat, an arrow struck him above the internal angle of the left eye. The wound was slight and kept him only a few days in the hospital. He left perfectly cured. In 1877, he began to experience neuralgia, and some months after a small swelling was observed above his left eye. Some time later he was attacked by erysipelas and entered a hospital. The whole of his face was inflamed, and he had a fever, which lasted a fortnight. The inflammation disappeared, and he left the hospital. The tumor and the neuralgia still remained.

"This latter condition became, finally, so intense that he gave up his work. At the internal angle of the eye, a tumor was found the size of the fist. The eyeball was markedly projected downward and outward, the cornea being almost on a level with the tip of the nose. Vision was preserved, but all movements of the eye were impossible. The tumor was soft and fluctuating. The day following his arrival an explorative incision was made, and with a small syringe a bloody liquid was withdrawn. On analysis its composition was found to be a watery fluid containing albumen, fixed salts, hydropsine, urea, epithelium, pigment, etc.

"An incision was made into the tumor the 16th of July, 1878, and 25 or 30 grms. of liquid were drawn out; that time the eyeball rose to its natural position as the fluid entered the aspirator. About 2 grms. of alcohol were injected into the sinus, and the result of this seemed favorable, and the following day the pain had entirely disappeared. July 26, the patient found himself so well, that in spite of orders to the contrary, he walked about for several hours. July 27, he was seized with an intense fever, and a slight redness appeared at the root of the nose. The following day his entire face was invaded with erysipelas, he experienced agonizing pain, and the tumor reappeared. July 29, he became delirious, and it was decided to open the sinus by a traverse incision. The cavity appeared enlarged and lined with a perfectly smooth membrane. The wound was dressed with a dry lint compress. August 15, the patient was discharged. A small fistula remained, but the eye was in its normal position, and only a small cicatrix above the eyebrow was observable."—Henry G. Cornwell, M.D., *So. Practitioner*, Oct.

### BONY ANEURISM SUCCESSFULLY ENUCLEATED.

J. H. WYTHE, M.D., Prof. Microscopy and Histology Med. Col. of the Pacific, writes respecting the case of Mrs. T., a young married lady, about 22 years of age. About 8 months previously she had noticed a swelling on the upper third of the left femur, about as large as a walnut. Since that time it had been under the careful observation of her medical attendants, Drs. Littlefield and Chapman, who reported that in the last few weeks it had greatly enlarged. It occupied the greater part of the upper third of the front and inner side of the thigh, and gave to the touch the sensation of a cartilaginous mass springing from the bone. The femoral artery lay across the side of tumor, and the pressure upon it made its pulsation quite evident to the patient, and gave rise to the fear expressed by the surgeons that if the mass continued to grow a rupture of the artery might be expected.

"As the case seemed somewhat obscure, I advised an exploratory incision down to the tumor, and if it was found evidently malignant, an amputation at the hip joint would be demanded, as it was quite impracticable to amputate lower down. To this the consultants agreed.

At the request of the patient, her friends, and medical advisers, I operated on July 17th.

After complete anesthesia had been produced with Squibb's ether the limb was elevated, and Esmarch's bandage applied from the toes to the hip, and the arteries controlled by the elastic band. On removing the primary bandage the limb appeared perfectly bloodless. I then cut down along the top of the rectus muscle, pushed aside the femoral artery, and keeping the lips of the wound well apart with retractors, exposed the principal part of the tumor. It was a lobulated mass, about 4 by 8 inches across, arising from the upper part of the bone. It was matted with red and blue color, resilient, and crackled on slight pressure. The periosteum covered a thin layer of bone like an egg-shell, but we were unable to discover its real nature by an ocular inspection.

On making a vertical incision with a view to dissecting off the periosteum, a gush of blood followed the knife, spurting at least 8 feet from the patient and covering my face and eyes. The blood was not in jets, but of a dark venous hue, and the pressure of a sponge controlled the flow; so I proceeded, with the aid of my assistants, to remove the periosteum and enucleate the mass from the subjacent bone. Cancellous bony spicula were present in all directions, and so fragile that it was necessary to tear and pick the mass away in pieces. After considerable labor this was done, and the cavity, which occupied two-thirds of the diameter of the femur, down to and within the medullary cavity thoroughly cleaned out. Still desiring to save the limb, which would have been impossible had severe hemorrhage occurred, a number of sponges, wrung out of hot water, were successively placed in the cavity, so as almost to cook the superficial layer to the cavity. The arterial circulation was then allowed to flow, and to our great satisfaction there was no hemor-



rhage. A sponge compress was placed in the cavity, a dressing of carbolized oil and lint applied on a scultetus bandage, and the patient placed in bed. A subcutaneous injection of sulphate of morphia was given, and her medical attendant left to watch with her till morning. The next day the sponge was removed, although with some difficulty owing to bands of adhesion between it and the wound, illustrating the principle of sponge-grafting. A carbolized linen tent was substituted for the sponge, and the usual course of treatment followed. Up to this time (Sept. 6th) I am informed that the patient is doing well.

A careful microscopic examination of the tumor exhibits only bony tissue, softened and expanded, and the debris of blood cells. There is no appearance of cartilaginous, sarcomatous, or malignant or embryonic elements of any kind, although specimens were selected from various parts of the mass, some examined without special preparation, and others after staining with picrocarmine. It is evidently a case of bony aneurism, not from enlargement of an artery, but an aneurism by anastomosis. The microscopic evidence shows the edges of the osseous trabecula which bound the natural cavities or cancelli of the bone, to be decalcified and softened. In all probability the living matter, or bioplasm, within the lacuna and canaliculi of the bone became swollen by abnormal imbibition, since the cells all appear larger and more irregular than natural, and so led to the softening and degradation of the bone, and enabled the cancelli to enlarge so enormously under the pressure of the blood which filled them.

The general appearance of the morbid tissue resembled spina ventosa, but the enlargement was due to simple dilation of the bone itself. In the few cases of the kind which I find on record, most are associated with encephaloid cancer, but no indication of this was furnished by the dissection or by the microscope in this instance.

Amputation has generally been considered the only resource in a case of this kind. Erichsen says that whenever an attempt has been made to remove such tumors "the hemorrhage has been of the most alarming and dangerous character." Even ligature of the artery has generally failed, and amputation been finally resorted to. In the present case, however, the use of Esmarch's bandage and the hot water sponges, with the great care to enucleate every part of the diseased bone, prevented dangerous hemorrhage and enabled us to save the limb. Of course, if it should reappear, amputation would be inevitable, but conservative surgery is justified by the result thus far."—*Pacific Med. and Surg. Jour.*, Oct.

### MALIGNANT LYMPHOMA OF THE NECK.—ARSENIC.

Clinical comments by HENRY B. SANDS, M.D., Prof. Surgery Col. Phys. and Surge., N. Y.

Male, æt. 51, has had swelling of the neck for nine months, I show him to you to exhibit the negative result of treatment which sometimes is beneficial if not curative. Observe that these swellings are confined to the neck. Notice further that they are confined to one side of the neck and are multiple. We find no cause of the disease. He has not had injuries of the head, eczema, eruptions nor any peripheral irritation to account for the ganglionic enlargements. They seem to have occurred spontaneously, *i. e.*, we do not know how they occurred. Is this a simple lymphoma which is simply an hypertrophy of the lymphatic glands, sometimes softer sometimes harder, sometimes affecting the connective or cellular tissue of the gland?

I am not sure that this is not an aggravated example of simple lymphoma, hypertrophic in character, and in which the glands are much more enlarged than usual. In the scrofulous form of lymphoma the signs of inflammation are prominent and the skin becomes adherent to the tumors, which contain a cheesy material which sooner or later finds its way to the surface through abscesses, the skin being extensively undermined. Is it malignant lymphoma? The malignancy of this disease consists not in the presence of cancer or of simple sarcoma, but in the fact that the disease is characterized by a tendency

to dissemination of hypertrophic glandular tissue in various parts of the body. It is found not only in the lymphatics, but also in other tissues, as the lungs, kidneys, etc. This disease is known by different names, viz., metastatic lymphoma, Hodgkin's disease, etc.

Where tumors have been limited to one place for a while similar tumors appear in other regions of the body. This patient has some enlarged glands in the axilla. Six weeks ago there was no indication of any dissemination of the disease. In Hodgkin's disease such deposits often occur in the groins, axilla, abdomen and chest. The disease may prove dangerous by pressure upon the blood-vessels of the chest or upon the lungs. Is this leucæmic lymphoma? This only differs from Hodgkin's disease by the alteration in the quality of the blood where the white corpuscles are very much increased in number. Is the disease lympho-sarcoma, i. e., sarcoma in a lymphatic gland? Only one gland in this disease as a rule is affected. It generally occurs in younger persons. The progress is usually rapid and presently the sarcomatous tissue bursts the capsule of the gland and then this disease behaves as cancer in so far that it appropriates neighboring textures, causing a conversion into similar material, together with ulceration and destruction of tissue.

I think the diagnosis lies between simple and malignant lymphoma. For the past six weeks the patient has been kept under the influence of arsenic and has been treated by hypodermic injections of tincture of iodine.

The arsenic treatment has been known to cause a very decided arrest of malignant lymphoma and there are a number of instances in which this disease is reported to have been kept in abeyance for one, two and three years. Assuming this to be a case of malignant lymphoma this is the treatment which promises the best results, and I should strongly urge a continuance of it. Injecting the tumors also with Fowler's solution instead of iodine. If it is simple lymphoma an operation might be done to remove the tumors. But such an operation would be attended with very great risk and it would be doubtful whether all could be removed.—*Medical Gazette*.

### INJECTIONS IN LYMPHOMA.

DR. KARL KÖRBL (*Wien. Med. Woch.*) records twenty-three cases of lymphoma treated by subcutaneous injections. He tried Fowler's solution, carbolic acid, iodoform, etc., for this purpose. Latterly he has used tinct. iodi, and injects into the most prominent part of the swelling a sufficient amount to cause distinct tension. This is followed by much swelling and pain, but by the third day these are nearly gone and massage is then practised. The injecting is to be repeated as may be required.—*Cin. Lan. and Clinic*, Sept. 23.

### SPONGE DRESSING.

This mode of dressing surgical wounds was adopted with most gratifying results in the case of a female patient, aged 52, after removal of the right breast for scirrhus. The lips of the wound were maintained in apposition by means of sutures and strips of plaster. The whole surface adjacent to the incision was thoroughly washed with dilute carbolic acid (1 in 40), and well disinfected sponges, steeped in a 1 in 20 solution and wrung out as nearly as possible to dryness were placed over the line of incision and kept in position by means of plaster strips. Free drainage was obtained by means of a tube, and the whole was covered with an ordinary roller bandage confining the arm. Every couple of hours the coverings were saturated with a carbolic acid solution and the dressings were renewed daily, for the first few weeks, subsequently every other day. Under this treatment, the wound, which was a very extensive one—the operation having involved the removal of all the axillary glands that could be found, about twelve in number—healed rapidly, union taking place by primary adhesion along its whole length, with the

exception of the site of insertion of the drainage tube, and of a small surface the size of a ten cent piece where some deep suppuration had occurred. The amount of pus found on removing the dressings was unusually small, at no time exceeding a teaspoonful. The advantages of this method are various; the sponges afford an equable, elastic pressure, and while almost perfect asepticism is secured the comfort experienced by the patient is very great. This patient suffered no pain from first to last. At the second dressing one large sponge covering the whole breast region was substituted for the two or three smaller ones. Mr. Sampson Gamgee's "Trinity of Healing Graces,"—Rest, Position, and Pressure were hereby well secured.—*Can. Jour. Med. Sc., Sept.*

### ANTISEPTIC TREATMENT OF ABSCESS.

Dr. LUCAS CHAMPIONNIÈRE recommends, in the *Union Médicale*, the following procedure; Before opening an abscess, in whatever region it may be placed, we should carefully wash the skin, especially if it has been covered by a poultice, with a strong carbolic acid solution. B. Acidi carbolici, 50 parts; glycerini, 75 parts; aquæ, 1,000 parts. M. The bistoury should also be dipped in the solution. The contents of the abscess are to be discharged, and some of the above solution injected, care being taken that the injected liquid has a free issue. The end of a caoutchouc tube is introduced into the wound, having a thread attached to it to facilitate its removal, and it is then covered by a thick layer of charpie, impregnated with a solution of carbolic acid 25 parts, glycerin 25 parts, and water 1000 parts. Finally, over all is laid a layer of gummed silk. At the end of twenty-four hours the tube is removed in order that it may be cleansed and shortened, when it is again covered with the charpie moistened with the weaker solution. Under this treatment the amount of suppuration is diminished, the redness of the wound becomes insignificant, and the cicatrices which result are much less apparent. Dr. Lucas recommends this procedure especially in abscess of the breast.—*Louv. Med. News, Sept. 16.*

### BONE SEQUESTERUM.

Clinical remarks by ALFRED C. POST, M. D., Prof. Emer. Clin. Surg., Univ., N. Y.

Some of you may have seen this patient before. She was under treatment several months since, in the Presbyterian Hospital, where I removed from the upper portion of the sternum a piece of bone. There was caries of the bone and a small sequestrum in the midst of the carious tissue. You know that sequestra do not usually form in spongy bone. It occurs, for the most part, in the compact tissue of bones, as in the flat bones and the long bones of the extremities. Spongy bones, like the vertebræ, etc., are apt to undergo caries, but you do not often find sequestra there. In this case, however, there was a mass of dead bone, which I removed. I was in hopes the wound would granulate and heal, but the healing process has been very tedious. At present you can see a considerable portion of dead bone in the midst of the spongy tissue. You occasionally see small sequestra like this in the femur, in the advanced stage of morbus coxarius. She is dressing the sore with carbolized oil put on lint. When I did the first operation for the removal of the dead portion of bone I found, on introducing the finger into the opening, that it extended back into the mediastinal space. There was some danger of matter burrowing downward and forming a sinus, but probably the previous inflammation had caused more or less adhesion of the cellular tissue, which prevented any extensive burrowing of matter. It is a situation, of course, in which you cannot very well make a counter-opening; that is, unless there is some very urgent reason for it. It would not be desirable to make an opening down into the mediastinal space unless extreme urgency of the symptoms demanded it. There is some suspicion of syphilis in this case. A great many wives are infected by their husbands without their knowledge,

and while we cannot diagnose with any certainty the existence of syphilis here, it is to be suspected. Where there is caries of the bones, as in this case, but no syphilitic eruptions affecting the skin and mucous membranes can be found, we are obliged to remain in some doubt as to the diagnosis of syphilitic disease. It is always safe, however, to make moderately free use of the iodide of potassium, and very often, with advantage also, use the chloride or biniodide of mercury. In doubtful cases, while watching them carefully, it is well to give the patient the benefit of the doubt, and use the remedies which would be likely to give relief if the suspicions were well founded.—*Med. and Surg. Rep.*, Sept. 23.

### WIRE LIGATURES FOR DIVIDED BONES.

Dr. T. SYMPSON records two cases in the *British Medical Journal*, wherein he obtained excellent results in approximating divided bones with wire ligatures. The first case was a crushed foot; he amputated according to Pirogoff, and fastened the os calcis to the tibia by iron wires. The operation wound was completely healed in ten days, but the wires were left in six weeks. The second case was a resection of the knee joint. The femur and tibia were brought firmly together by two iron wires, one on the outer, the other on the inner aspect; a most complete union was obtained. The operations were performed under antiseptic precautions, and the wire caused no irritation. It is desirable that the apertures made by the drill should be at least a quarter of an inch from the sawn surface, and that these surfaces should be very accurately approximated by twisting together the ends of the wires; not more than twice, however, otherwise difficulty will be experienced in removing them. Iron wire, such as that used for the stylets of elastic gum catheters, in size about No. 22 of the gauge, will usually be found the best.—*Med. and Surg. Rep.*, Sept. 2.

### FRACTURE OF THE ODONTOID PROCESS.

A Clinical Lecture by STEPHEN SMITH, M. D., Professor of Clinical Surgery, in the Univ. of New York.

Here is a man whom I show you because he presents an interesting example of a form of fracture usually fatal, but here resulting in recovery. This man broke his neck last year, and that, too, in a very dangerous place, namely: about the location of the first cervical vertebra; and now if you will put your finger into his throat you will be able to feel the first cervical vertebra projecting into the back part of the mouth. This is probably a case of fracture of the odontoid process, and most cases of this kind have been fatal until lately, and death was instantaneous, just as it is in an animal whose medulla has been broken up by the operation of pithing, as it is called.

The history of this case is, that last December this man fell from a height upon the deck of an ice barge, and he struck on his neck, and when he was taken up he was found to be partially paralyzed in his arms, and now he is bearing the effects of this paresis in a permanent contraction of the muscles. He was taken to the hospital and he was so paralyzed that he could not sit up in bed, and quiet was insisted upon. He gradually, however, gained more and more use of his limbs, and his head became firmly fastened to his neck with the chin bent downward upon the chest, and so rigidly that he could not move his head from side to side, or up and down. These cases of fracture of the neck present a very peculiar history. It was once supposed that fracture of the odontoid process was always immediately fatal, and that this was the real cause of death in cases of hanging; but it has recently been proved that the accident may occur and the man still live and go about his business, and yet, finally, die suddenly from some accident, such as being hit upon the head. Thus Dr. Parker tells of a case of a milkman in this city who came from Long Island to sell milk. One day he was thrown out of his wagon upon his head, but he got up and then found that his head was loose and that he could not hold it up nor turn it from side to side, but he steadied

it as best he could with his hand, and then got into his wagon and drove home again. For the next three or four days he could not lie down or get up without his head moving about, unless he steadied it with his hands. He then went and saw Dr. Parker, and he and all who saw the case, were greatly surprised because this accident had always been thought to be fatal. That man finally got so well that he resumed his milk business, and as he drove around he would have to hold his hand upon his head to steady it whenever he drove over a rough place where there was much jolting. So he went on for six months, and then after a hard day's work he suddenly fell dead at the table, his head dropping forward upon his chest. The specimen of this fracture is now preserved in a museum.

Recovery takes place in these cases by the formation of an ankylosis between the vertebræ at the seat of the fracture, so you might easily kill this man instantly by striking him upon the head, and so breaking up the adhesions which have formed. In this case we have exactly the same condition that existed in a case in this hospital, which I found when I came on duty here five years ago. I found his head drawn up with his chin projecting, and he was paralyzed from his neck downward, and he was emaciated almost to a skeleton, and was suffering intensely. He had fallen in some way and struck upon his head, and immediately afterward he felt this peculiar looseness of the head, and he went home, and after resting for three or four days he resumed his business at the carpenter trade for a time. Then the paralysis came on, and he went to the hospital, where he stayed for the next six or eight months, and then he died with his head thrown back and his chin out. I found upon examination that the atlas had slid forward so that the spinal cord was pressed upon, and this caused his death. But he had a fractured odontoid process, and yet he had continued his work for some time, so it was proved that a man may recover from this accident. At that time I collected a series of thirty-two cases of this nature which had been overlooked in the medical publications, and in some of these no odontoid process could be found, and there were two or three cases among them where the odontoid process was perfectly movable upon the atlas by an articulation with it.

It seems to me perfectly evident that this man is suffering from a fracture of the odontoid process. In treating this fracture we have tried a number of different splints, but we have found none which answers so well as to keep the patient sitting in a chair with a cross piece behind him to which his head is bound so as to steady it. This man was treated so until he gradually became so improved that he could walk around the wards without his head becoming loose, and now he can even run a little.

Observe the evidence of spinal injury presented by his hands. You see there is an unusual thickening of the joints of the fingers, and a loss of action with permanent contraction of some of the muscles, due to the injury of the spinal nerves. You see that the man cannot turn his head around at all, and this is diagnostic almost of these cases. If he should accidentally trip and fall there would probably be a sudden displacement of these bones resulting in immediate death.—*Med. Gazette*, Nov. 4.

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### RECENT FRACTURE OF SKULL WITH DEPRESSION.

In all recent fractures of the skull with depression, if the latter be moderate, whether simple or compound, the patient should be left alone. If, however, fixed and severe pain at the point of injury, febrile excitement, increase of local temperature and a commencing puffiness of the scalp supervene within a few days after the accident—signs which are indicative of depression of the internal table and the development of pachymeningitis, elevation of the depression should be promptly effected. In all recent fractures, whether simple or compound, attended with symptoms of compression, the trephine should be resorted to; and the same rule should apply, whether symptoms be present or not, if the depression be considerable and funnel shaped.—*S. W. Gross in Am. Surg. Ass'n.—Am. Practitioner.*

## FAT EMBOLISM AFTER FRACTURE.

From a careful study of the cases, and a review of the literature of fat embolism, Dr. A. Minich (*Lo Sperimentale*, 1882, No. 8,) has been led to consider that the condition is much more frequent than has been supposed. He concludes as follows: (1) In every fracture there is more or less fat embolism, though in children it may be wanting or very insignificant, on account of the small amount of fat contained in their bones. (2) Very seldom is fat embolism by itself the cause of death or alarming symptoms. (3) Non-infectious fat gives rise neither to pyæmia nor inflammation. (4) Death depends principally upon the suspension of function of the nervous centres, which is reduced by ischæmia. (5) The presence of pure or emulsified fat in the urine occurs chiefly in severe and dangerous cases of embolism. It may often appear without grave symptoms. (6) The occurrence of death from fat embolism after fracture must be borne in mind. (7) The therapy is merely, thus far, symptomatic and of very little effect in preventing a fatal result.—*Med. Times*, Sept. 23.

## METHODS OF AMPUTATION.

Prof. STOKES in the Address on Surgery, at the meeting of the British Medical Association, reviewed the different methods employed by different surgeons. According to Von Langenbeck, Trélat, and others, the preservation of the periosteum is attended with advantage. The formation of a periosteal curtain to cover the cut surface of the bone and its medullary canal is believed to act as a shield or barrier against septic agencies, and diminish the chance of the occurrence of some of the secondary calamities, notably osteomyelitis, following amputations. The method he has in some instances adopted, and with success, is, making a somewhat quadrilateral-shaped flap at the membrane and letting it fall over the cut surface of the bone. Another method, that of M. Trélat, is to detach the membrane all round the bone for fully an inch below the point where the bone had to be divided, making, in fact, a sleeve-shaped flap. This plan must, however, materially protract the operation. This led him to consider some other comparatively recent improvements in the operation of amputation, and to bear his testimony to the great advantages to be derived from the adoption of the principle of long anterior flaps, the chief credit for establishing which belongs to the late Mr. Teale, of Leeds.

Gritti's operation undoubtedly owes its parentage to that of Carden; but, although the retaining of the patella and consequent preservation of the normal attachments of the extensors of the leg is a plan as good as it was original with Gritti, still the details of this method prevented the realization of those advantages which in principle it embodied. Hence the modification which Mr. Stokes terms "supracondyloid amputation"—an operation which, retaining the advantages of Gritti's method, eliminates its defects by lengthening the anterior flap, forming a posterior flap one-third the length of the anterior one, suturing the patella and femur together; and, lastly, the most important of all, by making a high femoral section, but one not involving the medullary canal.

The special advantages that may be claimed for supracondyloid amputation are:

1. That the posterior surface of the anterior flap being covered with a natural synovial membrane, the chances of suppuration and purulent absorption are diminished.
2. Any possibility of the split patella shifting from its place on the cut surface of the femur is prevented by the high femoral section, and by suturing the two bones together.
3. The vessels are divided at right angles to their continuity, and not obliquely, as in other flap operations.
4. The existence of a posterior flap diminishes the chances of any wide gaping of the wound; while the anterior flap, being oval, increases the

chances of the stump tapering gradually toward its extremity and assuming the form of a rounded cone.

5. The preservation of the normal attachment of the extensors of the leg.

These advantages embody those of both flap and circular amputation of the thigh, and at the same time, eliminate their defects.—*Brit. Med. Jour.—Med. News, Sept. 2.*

#### SUB-PERIOSTEAL AMPUTATIONS.

M. HENRIET has recently devoted some attention to this old subject. The operation consists in dividing the periosteum at a lower point than that at which the bone is to be sawn, and then stripping it up to this point, so that after section of the bone, a cuff of periosteum projects beyond it. In a patient of M. Meaise, autopsy showed the periosteum completely covering in the cut surface of the bone, and finally adherent to it, thus closing the medullary cavity, and probably preventing the usual hæmorrhage therefrom. "The periosteum of the adult (*N. Y. Med. Record*), which has completed its task of bone formation, lacks the qualities suited for the purpose, and is thin as compared with the same membrane in its active period of development or about an inflamed joint. M. Ollier, however, believes, that it is an operation admitting of generalization, the dangers being on the side of excessive bone formation. Thus, in young children he has found the periosteum produce osteophytes to the damage of the stump." M. Henriet also cautions us that we do not need too much; and says, that absolute integrity of the periosteal flap is not indispensable, and perhaps not even desirable.—*Lond. Med. Record.—Can. Jour. Med. Sc., Sept.*

#### HIP-JOINT AMPUTATIONS.—LANGENBECK'S MODE.

In amputating at the hip-joint he first ligates the femoral artery high up. Then without transfixing, but using his comparatively short "lappen-messer," he raises an anterior flap, which includes but little muscular tissue, and that only toward the completion of the section. After securing all bleeding vessels, he next proceeds to merely outline the posterior flap. This done, he returns to the anterior incision, rapidly deepens this till the joint is reached, disarticulates and completes the formation of the posterior flap. Two drainage-tubes are used—one in the retiring angle of the wound, which discharges at its inner extremity, while the other passes through the posterior flap and into the acetabulum.

The sutures now being inserted, the wound is dressed *a la* Lister, except that carbolized charpie, thickly dusted with iodoform, is substituted for the "protective." The wound is redressed after the lapse of twenty-four hours. This iodoform dressing is well nigh universally employed by Von Langenbeck. Indeed I remember no operation in which it was not used, either in the manner stated, or, as in open resection wounds, directly applied to the raw surfaces. Still I was informed by one of the clinical assistants that toxic effects are rarely met with, and then only in the event of large wounds being regularly dressed with the agent for long periods of time.—(*From Dr. S. Y. Howell's Letter*).—*Amer. Pract., Oct.*

#### AMPUTATION IN SENILE GANGRENE.

Mr. N. C. DOBSON formulates his views as to the advisability of amputation in senile gangrene as follows:

1. He would not amputate in those cases where the patient's strength was fairly good, where there was a prospect that a line of demarcation would be formed, where he was not suffering great pain, or where the pain was readily controlled by small doses of opium, and where symptoms of septic absorption were absent.

2. He would advise amputation in all those cases where the patient was not extremely aged—i. e., over seventy-five or seventy-six—in which the pain was very severe, the gangrene rapidly spreading, and in which marked symptoms of putrid poisoning were manifesting themselves; and he would amputate irrespectively of the patency or otherwise of the main artery at the spot selected for amputation—preferring, of course, patency.

3. In cases of amputation under such conditions as he has mentioned, he would amputate above the knee for gangrene of the leg, above the elbow for gangrene of the hand or forearm. Even when the main artery is blocked, the collateral circulation is generally sufficient to carry on nutrition of a comparatively short stump. This is his reason for a comparatively high amputation. The mere fact of the possibility of rapid healing of a large stump in even very old persons is a sufficiently well established fact in surgery to need no comment. The point he would further insist on is that, with antiseptic precautions, there is usually a minimum stress laid upon the powers of repair, which is especially useful in dealing with such cases as those we are now considering.—*Brit. Med. Jour.*—*Med. News.*

### LUXATION OF THE CERVICAL VERTEBRÆ.

At a surgical clinic of Prof. GUSSENBAUER, a patient was presented, who, the day before, had fallen into a ditch, and struck on his head, which was violently flexed on his chest, producing a lateral subluxation of the second, third, and fourth cervical vertebræ. The entire cervical spinal column moved together, on attempts to move the head, causing great pain, while lateral movements of the head were impossible. Examined through the mouth, a marked depression was found opposite the second and third vertebræ. The reduction of the luxation, which is generally very dangerous, on account of the liability of compressing the spinal cord, was accomplished by continued extension of the head, by means of a weight, until the normal position and mobility of the neck were attained. Massage and passive movements, which were first tried, were of no avail.—*All. Wiener Med. Zeit.*—*Med. News, Sept. 2.*

### RESECTION OF THE HIP-JOINT.

Mr. GEORGE COWELL reported at the meeting of the Section of Surgery of the British Medical Association his experience in sixty-five cases of excision of the hip, in which his percentage of deaths amounted to ten per cent. His conclusions are:

1. Resection should be restricted to cases where there is distinct grating in the joint, accompanied by either pain or profuse suppuration, or failure of health.

2. It should be performed without loss of time, as soon as these conditions are recognized.

3. It is inadmissible in patients over eighteen years of age. All three of my older patients died with more or less prolonged suppuration, and without the slightest attempt at repair. I have never seen an adult patient recover from excision of the hip.

4. The younger the patient (my youngest patient was three and a half) the more satisfactory the result, and the more rapid the repair.

He now performs the operation antiseptically, and always removes the great trochanter with the head of the bone. By not postponing the operation, the acetabular mischief is usually slight. Both ends of the wound are closed with two silver sutures, a tube being inserted so as to keep the centre of the wound, opposite the acetabulum, open. He prefers Bryant's splint, and fixes the limb operated upon an inch shorter than the other. This extension is a matter of great importance, as he is convinced that the muscular contraction forcing the shaft of the femur against some part of the acetabulum is a frequent source of subsequent failure, and of undeserved discredit of the



operation. In the last few cases, when possible, he has placed the children for the first few weeks in the prone position (face downward), so as to avoid soaking the bandages with urine. He has tried this plan for too short a time to express any positive opinion with regard to it; but it answers its purpose exceedingly well, and is marvellously tolerated by the little patients.—*Brit. Med. Jour.*—*Med. News*, Sept. 16.

### DIAGNOSIS OF HIP-JOINT DISEASE.

Hip-joint disease is liable to be confounded with a good many affections.

In the first place, you may mistake it for a congenital dislocation. To settle this point, measure the trochanter major down to the internal malleolous and see if it corresponds with the other side. It may be mistaken for acute articular rheumatism, neuralgia, sacro-iliac disease, hysteria, worms, teething, pain referable to destruction of the anterior crural or obturator nerve. You put the child on its back, press upon the popliteal space and up comes the vertebra, showing Pott's disease or vertebral caries. Psoas abscess is another affection, which is confounded with hip-joint disease; also inflammation of the bursæ about the hip-joint.

The diagnosis must be made by careful examination and from the history of the case and symptoms.

If you have disease of the sacro-iliac synchondrosis, you will in the first place have absence of local symptoms. There will be no pain or tenderness over the hip. You will have no effusion, but you may have rigidity, especially if the nerves of the abdomen are irritated, but on the other hand in hip-joint disease you have pain and tenderness on pressure, pain on pressing the surfaces together. Then you have the history of the case, the difference in deformity, etc. Suppose it be a case of hysteria, you may determine this by ether. The moment the patient begins to come out from under ether with hip-joint disease, and you move the joint, muscles will contract again. On the other hand, before perfect consciousness has occurred, she will move the joint and then contract the muscles again on recovering consciousness. The one contracts in semi-consciousness and the other does not. If it be the psoas abscess, you have the absence of local symptoms, but you have pain oftentimes of the knee because the obturator and anterior crural nerves are involved. Chronic rheumatic arthritis may be mistaken, so that you must examine minutely into the character of the pains, their action and the causes that give rise to them.—*Joseph D. Bryant, M.D., in Med. Gazette.*—*Atlanta Med. Reg.*, Sept.

### HYDRARTHROSES.

Prof. VOLKMANN (*Centralblatt f. Chir.*), in reference to a discussion upon this subject at the Société de Chirurgie, observes that in chronic effusion into the joints, he has several hundred times performed puncture of the joints, and followed it up by washing out the cavity with a solution of carbolic acid of from three to five per cent., without having ever met with any accident, or even the least disturbance, after this manipulation. As a general rule, from ten to fifteen glass syringes full, capable of holding each 45 grammes, had to be alternately employed, and the fluid allowed to run away, before this was discharged in a clear condition, showing that the synovial fluid, which the added carbolic acid easily renders turbid, was entirely removed out, and the joint thoroughly washed out. In order that the carbolic acid might exert its influence on every part of the surface of the capsule, the joint was then moderately filled by the injection of from one to three syringes full, and then submitted for a short time to movements of flexion and extension. A larger quantity of the solution than this was never left in the joints, and even the slightest symptoms of carbolic intoxication have never been observed. After the washing out was finished, the limb was always surrounded by a Lister dressing, and kept immovable for some time

on a splint. When the effusion has not been of too old a date, recovery has always followed a single puncture and washing out, although, as a rule, firm bandaging is required for the prevention of relapse, for diminishing the thickening of the capsule, etc. In bad cases, in which there has been great extension of the capsule and ligaments, due to large and old hydrarthroses, the punctures and washing out have to be repeated two, three, even four times, at intervals of several weeks, before the capsule contracts sufficiently. Iodine injections, which Prof. Volkmann formerly employed frequently, he has now discontinued, as possessing no advantage, and occasionally giving rise to suppuration of the joint. In the worst cases, with great distension and thickening of the capsule, great villous formation, large fibrinous coagula, dropsy, riziform bodies, or *gonitis fibrinosa*, without fluid exudation, Prof. Volkmann always makes a double incision into the joint, and introduces two very short (sufficiently long, however, to completely enter the joint) drainage-tubes, which, after carefully washing out the joint, are left in as long as any secretions issue through them. He is unable to say how often he has performed this operation, which has been by far the most frequently executed on the knee, but certainly more than a hundred times. Even in these cases only disturbances of a very slight nature were sometimes met with, although the procedure was employed in bad cases of disease of the joints when great dropsical effusion was present. The general conclusion, therefore, is that both puncturing and washing-out the joint, and the double incision and drainage, with the aid of antiseptics, may be declared to be operations unattended with danger and followed by satisfactory results.—*Cin. Lancet and Clin.*, Oct. 21.

#### FUNGOUS ARTHRITIS.—IODOFORM.

The French pathologists apply the designation fungous arthritis to that form of chronic synovitis or arthritis in which the synovial membrane becomes white and sodden and the articular cartilages more or less eroded and disorganized. At a recent meeting of the Société de Chirurgie, M. Marc Sée presented a young girl who had tuberculous or fungous arthritis of both knee joints. After considerable treatment M. Sée decided to follow the practice of certain German surgeons who recommend injections containing iodoform for the destruction of tuberculous products in inflamed joints. He injected fifteen minims of a 20 per cent. solution of iodoform in ether into the left knee, which was most affected. The next day the knee was swollen, red and painful, but after a few days of perfect repose of the joint these symptoms disappeared, and after fifteen days there was notable amelioration in the condition of the joint. A second injection was made into the joint, with gratifying results, for the lateral immobility has at present disappeared, and the patient can use the limb in walking.—*Med. and Surg. Rep.*

#### EARLY OPERATIVE TREATMENT OF STRUMOUS JOINT-DISEASE.

Mr. J. GREIG SMITH summed up his remarks in opening the discussion on this subject at the recent meeting of the Section of Surgery of the British Medical Association, as follows:

1. Strumous disease starts either as a synovitis or as a medullitis, and requires different forms of treatment as it is one or the other.

2. In synovio-arthritis, while recommending the use of such measures as elastic compression over cotton-wool, counter-irritants, and functional rest, he believes that a systematic use of passive motion is beneficial.

3. In medullo-arthritis, absolute rest in plaster of paris he believes to be, on the whole, the best form of treatment—better than extension, and better than counter-irritants and other means.

4. If there be no signs of improvement after a few weeks' use of such treatment, he believes that we ought to operate. In synovia-arthritis, the most generally useful plan would be, to make large incisions into the joint,

peeling the granulations off the articular cartilage, and removing as much of the pulpy material as possible, and freely draining. In medullo-arthritis, we ought to remove the inflamed marrow from the inside of the bone along with the trabeculae, and endeavor to fill the cavity with blood-clot. In both cases he would operate antiseptically.

5. If these means fail, then excise; but excise early.—*Brit. Med. Jour.*—*Med. News*, Sept. 16.

### SUPPURATIVE ARTHRITIS OF THE ELBOW TREATED WITH ERGOT.

At the French Association for the Advancement of Science, Eleventh Annual Session, held at La Rochelle, M. de Musgrave-Clay related a case of the above named affection in which ergot was given, internally, with temporary immobilization. The arthritis was in full suppuration when the patient, a child aged six years, came under treatment. He was put upon drachm doses of fluid extract of ergot. There was a rapid diminution of pain, of inflammation, and of pus. The dose was increased to nearly two drachms (75 centigrammes), when the patient's feet began to get cold. Suppuration had ceased, and the dose was gradually diminished. The cure was nearly perfect, there being only a slight interference with movement. This method of treatment was conceived and had previously been employed by M. Daboué, of Pau.—*Med. Record*, Oct. 7.

### LAWN TENNIS ARM AND RIDER'S SPRAIN.

Mr. HENRY MORRIS (*Lancet*) describes a sprain of the pronator radii teres muscle due to playing lawn tennis. This sprain, Mr. Morris believes, is the result of the frequent back stroke whereby the forearm is brought into rapid and forcible pronation. The condition is slight swelling, with tenderness on firm pressure along the course of the pronator and pain in bringing the muscle into action, but, as a rule, not otherwise. If the forearm is enveloped in an elastic bandage or firm elastic webbing, and kept at rest, the symptoms soon disappear. In the same article he also describes the "Rider's Sprain," a sprain of the adductor longus. It occurs very frequently, and the surgical instrument maker is often applied to for some remedial support. It is caused by the horseman suddenly making a strong grip owing to his horse rearing, shying, slipping, or unexpectedly taking a jump. According to Mr. Morris, the pain at the time is often very trivial, but subsequently more pain is felt on walking. Pain is confined to inner and upper part of thigh. In mild cases a long web or leather strap, two to three inches broad, and padded, is applied. This strap is passed round the thigh and pelvis like a spica bandage, outside the breeches, and firmly fastened in front. In severer cases, where blood is effused, the surgeon is generally consulted. This, by the application of bandages and absorbents, generally disappears after a time.—*Can. Med. and Surg. Jour.*, Sept.

### LAWN TENNIS ARM.—CHAULMOOGRA OIL.

For this affection a correspondent of the *Lancet* recommends chaulmoogra oil carefully rubbed into the arm at night and morning. This oil, he states, is now generally used by men after their first day's hunting, and also by bicyclists after their first day's long ride, because they find that it entirely prevents any irritation of the skin or stiffness if it is well rubbed in before they retire to bed.—*Med. Record*, Sept. 28.

## SUTURE OF TENDON.

Dr. YEATS recently presented a case to the Manchester Medical Society (*British Medical Journal*) where he had, six weeks after an accident, united with four catgut sutures the divided ends of the tendon of the extensor communis digitorum of the middle finger, at the metacarpo-phalangeal joint. The skin wound was united by silver sutures. The operation was done antiseptically. The wound healed in four days; and three weeks afterward the patient had perfect control over his fingers, flexion and extension being good. At the end of five months the fingers were as strong and useful as before the operation.—*Med. and Surg. Rep.*, Sept. 16.

## SCARS.—PERSISTENT RUBBING.

A most important branch of cosmetic surgery is treated by Dr. C. L. BULL, of New York, in a reprint from the *Transactions* of the Ophthalmological Society. He says: "Persistent rubbing and kneading of scars of the face, both those due to burns and those resulting from bone caries, as preparatory to blepharoplasty, have, in a number of instances in the writer's experience, yielded most excellent results. Adhesions of scars, slight or extensive, to the subjacent parts, have been slowly, cautiously and painlessly detached, and a gradual absorption of the firm material in the dense part of the scar has been brought about. So considerable has been the result obtained in some cases that the writer has come to regard this gradual extension and loosening as an important part of the treatment in these cases." When one reflects on the amount of mental misery these scars cause, their removal becomes an object of great importance.—*Cin. Lancet and Clinic*.

## CARBUNCLE.—TANNIN.

R. H. JOHNSON, M.D., Eureka Springs, Ark., writes:

I have found tannic acid a specific for carbuncles. My plan is to sprinkle the dry powder on it as long as it will dissolve, and it gives instant relief, keeping the dry powder sprinkled on as it dissolves. Wash it off once in twenty-four hours with castile soap, then put on fresh powder as it is dissolved. It stops its progress at once, and soon heals up without much pain. If bowels are costive, move with some mild vegetable medicine.—*Med. Brief*, Oct.

## PLICA POLONICA.

A report has been spread that the horrible disease known as the plica polonica has made its appearance in London, brought over by the traders in false hair from Poland. The disease is one of the most horrible kind, incurable, and rendering its victim an object as hideous to behold as the leper of the East. The hair, instead of dividing into fine and silky threads, conglomerates into thick matter, with only one thick root, which bleeds on being cut, so that no relief can be obtained save by cauterization of the whole mass.—*Med. Record*, Oct. 7.

## REPLACING AND HEALING OF PIECES SEPARATED FROM THE HUMAN BODY.

G. HALSTED BOYLAND, M.D., M.A., of Baltimore, Md., through the *Med. Gazette*, says: The experiment of replacing in position portions of the human body hacked from it is of comparatively recent date. The results have been so far satisfactory as to demonstrate conclusively that such parts, when re-

placed, do heal, and not only heal rapidly, but bind themselves to the main body with surprising strength and compactness, provided always that two cardinal points be strictly observed: 1st, the piece separated must be kept warm to the normal temperature of the body; 2d, it must be replaced, whether with adhesive plaster or the suture, or both, directly the flow of blood ceases. Such cases frequently come under the observation of medical men abroad.

In a duel with schlagers (a weapon something like a rapier, but with a flatter blade, of about the same length and blunt at the end), the left ala with a part of the point of the nose of one of the principals, by a sweep of his antagonist's sword,—this piece containing skin, muscles, cartilage and mucous membrane—was cut by a clean wound, square off. It was at once put back into position, sewed on with fine sutures; over the sutures strips of adhesive plaster were applied, extending over the whole point and side of the nose on to the cheeks: in order to prevent evaporation and drying as much as possible a patch of oiled silk, and upon this cotton batting were placed, the nose being tamponed also with it at the same time. On the third day the sutures were taken out and the piece found to be quite black; the whole epidermis sloughed off as a black crust, but under it the normal rete malpighii appeared, and one small portion of the epidermis remained. After a time a layer of horny epithelium put out. At the expiration of nine months the wounded man appears with the left nasal ala slightly flattened and of normal color, the surface of the portion that had been cut off made one with the whole side of the nose, no distinct line marking a cicatrix: on some parts of it the epithelium was a little thicker than on others, making a few very small rough places. It is worthy of attention that on the third day when the sutures were removed and the epidermis had sloughed off, the part was firm in its natural position. The sloughing of the epidermis is easily accounted for by the fact that the capillaries became contracted and, so to speak, dead, on account of their extreme fineness, during even the very short time that the piece was separated from the body. We would recommend in such an emergency that the separated portion be held in the mouth, if warm water cannot be procured, until the suture and all is ready—thereby the animal heat would be retained and the chances of sloughing of the epidermis materially diminished. In this operation, which is known as Reverdin's transplantation, sloughing of the epidermis is a general rule, which, nevertheless, like all others has its exceptions. Technically, where portions of the flesh are severed from the human body, the above procedure is the best to follow, practically, it is the most successful.

In a recent number of the *Boston Medical and Surgical Journal* is recorded a case in which the hand, almost entirely severed at the wrist, hung to the forearm by a thread of skin only. Instead of amputation the hand was replaced on the above principles and kept firmly in position for a long time, finally it *reunited completely*, and the patient had considerable use of it, being able to move the fingers. As long as the merest thread connects the divided part to the main limb, so long the circulation may go on in a part of it, gradually re-establish itself throughout and thus save the limb or member, and often the life of the patient.—*Va. Med. Mo., Sept.*

#### FROZEN EXTREMITIES.—BALS. COPAIBA.

The Imperial Russian Kankasian Medical Society mentions in its protocols seventeen, 1882, some of the experiments Dr. Lapatin, of Tiflis, made while he was attached to the infantry regiment Eriwan, during the Turkish campaign in Asia Minor, 1877-1878. The soldiers had been greatly exposed to the influences of the extremely cold weather, Dr. L. noticed, that after milder degrees of frozen extremities, for years disagreeable pains and a very annoying pricking in the parts made their appearance from time to time, especially during the colder seasons and on sudden changes of the weather. He brushed the parts affected preferably with a glass brush, with a mixture consisting of equal parts of dilute nitric acid and aqua menthæ. This is the old Rust's Frozing wash, only that the latter contained aqua cinnamoni in-

stead of aqua menthae. The parts are brushed at first once and later twice daily. The skin assumes a brown color after three or four such applications, becomes dry, and a superficial scab forms, which, when thrown off, leaves a healthy skin. Within one and a half to two weeks the disagreeable sensations which frequently prevents soldiers from putting their boots on, disappear forever.

We know, from our own experience, however, a far better, quicker and still more reliable remedy, which we have never known to fail, no matter how much the parts may have been inflamed, if only mortification had not set in, and this is copaiba balsam. The same is thickly spread on a piece of linen or muslin, and the affected parts covered with it during the night, and a stocking put over the whole. In daytime simply some of the balsam is spread over the parts. After one or at most two applications, the redness and all pains cease, and a few more applications do not only remove every residue of it, but they seem to impart a remarkably increased vital resistance to the parts against frostbite, if only common precautions are used. In the several dozen cases that came under our observation, this remedy, so applied, did not fail in a single instance, so that we have long come to consider it a specific in this annoying complaint.—*Editorial in Med. and Surg. Rep.*, Oct. 7.

### DRAINAGE IN GUNSHOT WOUNDS.

At the thirteenth annual session of the Med. Soc. of Virginia, Surgical Section, Dr. Hugh M. Taylor, of Richmond, Va., limited his report to a consideration of the value of drainage in gunshot wounds. He showed the important part which drainage plays in the treatment of all classes of wounds, by referring to the "open method," to Callender's and Lister's methods; to the cotton-wool dressing of Guerin; to the dry-dressing of Gamgee, and to the sponge-dressing, recently made prominent in this country by McClellan. In all of these most prominent methods of treating wounds, now in vogue, drainage is secured and forms the most important adjuvant. In a class of wounds, defined as contused and lacerated, in which sloughing, granulation and cicatrization, invariably occur, and in which there are many conditions to prevent free escape of inflammatory products, we must find free drainage of the greatest importance. The means of securing drainage, which he mentioned are position, incision, dilatation, rubber tubes, glass tubes, decalcified bone, strands of horse-hair and silk tents, cannula, and such other agents as sponge, absorbent cotton, cotton-wool, etc., which exert capillary attraction.

After dwelling upon the local and constitutional good secured by drainage, the importance of drainage in gunshot wounds of special parts was considered.

The conclusions arrived at by the writer, are:

1. That union by primary adhesion is exceedingly exceptional in gunshot wounds.
2. That suppuration, granulation, and cicatrization, are invariably combined in the process of repair.
3. That extensive accumulations and burrowing of pus in a deep, narrow bullet track, are to be expected and feared.
4. That the deep, narrow, angular, and frequently obliterated track does not afford perfect drainage.
5. That in such cases the principles of surgery applicable to other deep-seated suppurations must be applied.
6. That position, incision, dilatation, drainage-tubes, and the other means mentioned, are of great importance in treating the consequences of gunshot wounds.
7. That, by nature's efforts, analogy, and reason, we are taught to think that their more frequent use will lead to better results in this class of injuries.
8. That the danger incident to their use is far out-weighed by the benefit which accrues.—*Med. News.*, Sept. 23.

## WOUNDS.—CORROSIVE SUBLIMATE.

At the Eleventh Congress of the German Surgical Society, held in Berlin, May and June, 1882 (Professor Langenbeck, president), Herr Kümmell, of Hamburg, read a description of a

*New Method of Treating Wounds and the Use of Corrosive Sublimate in Surgery.*—The attempts to get all the advantages of a perfectly antiseptic dressing, with the simplest methods, had led to many experiments. The iodoform dressing had become very popular, but in Kümmell's opinion, its era was passed.

An excellent dressing was a mixture of heated charcoal with clay, in the proportion of one to seven. It possessed not only great disinfecting but powerful absorbing properties. The first dressing can be left on for one or two weeks, and there is no inflammatory reaction or disturbance. The substance is especially good in large cavities, as after operations near the rectum. The powder sticks so closely to the surface that it is not easily washed away. In eight or ten days it may be removed and the wound dressed with basilicon ointment.

The above dressing, however, the author found to be dirty and to have some disadvantages. He therefore experimented with corrosive sublimate. It is known that solutions of this of the strength of one to one thousand destroy bacteria. Kümmell used solutions of the strength of one to two thousand, washing the wound with it. Instruments, catgut, and dressings are disinfected completely by soaking twelve hours in a one-per-cent solution.—*Amer. Pract., Sept.*

## TROPHO-NEUROSIS OF HAND.

Dr. SEESSEL exhibited to the N. Y. Soc. German Physicians a patient who had undergone an operation for fungoid disease of the metacarpus some eight months previously. When the incisions had healed, the muscles of the forearm became atrophied, the phalangeal joints began to swell and grow rigid, the finger-nails underwent discoloration, and fetid hyperædrosis, principally of the palm of the hand, was developed. These trophic disturbances were not to be regarded as of vaso-motor origin. Similar changes might be induced artificially. In this connection he referred to the following facts: 1, peripheral hyperæmia resulted from section of the sympathetic; 2, stimulation of this nerve, on the other hand, produced anæmia; 3, tropho-neurotic changes could be artificially produced by irritation of the sympathetic in fasting animals. Similar phenomena had long since been observed by oculists.

Dr. Knapp, referring to neuro-paralytic ophthalmia, remarked that it was not directly due to tissue metamorphosis, but resulted from irritation.

Dr. Gerster said that trophic disturbances had been repeatedly witnessed after exsection of the elbow-joint, leaving a powerless limb, which could not be restored to functional activity by the usual methods of massage and faradization. It was for this reason that König, of Göttingen, had in some such cases advised and practised amputation in place of exsection.

Dr. Rudish had seen a large number of cases of muscular atrophy, of rheumatic or traumatic origin, at the German Dispensary. Active local treatment had very often resulted in complete restitution of function, or least considerable improvement. In his opinion there was a local or peripheral, and not a central cause for the atrophy in such instances.—*Med. Record, Oct. 14.*

## TOY-PISTOL TETANUS.

It has been claimed that the pistol, when used with blank cartridges, is much more dangerous than when fired with a ball cartridge. The toy-pistols made to discharge only blank cartridges are the subject of aldermanic interference.

July 4th twenty-five cases of wounds from the toy-pistol were brought into the Chambers street Reception Hospital. Dr. C. A. Jersey, the physician in charge, said, on being interviewed, that the toy-pistol was an invention of the devil. It was a horrible instrument of torture. During the last four years they had had at the hospital so many cases of wounds by it that they had become quite proficient in their treatment, and consequently met with but two cases this year that were serious; none of the patients died. The trouble is not that the paper, saltpetre, etc., are, *per se*, poisonous, but it is that they are buried in the palm, and are so easily brought into contact with nerves, arteries, veins, etc. Pus can travel with great facility. Cauterization does no good, or at least but little good. The foreign substance causing irritation must be first removed. The hand is usually cut open at once, the foreign substance removed, and the resulting wound cleansed with a two per cent carbolic acid solution. There is great danger of erysipelas. The tetanus results from nerve irritation. The patients treated at the Reception Hospital were boys between the ages of four and sixteen.

At Bellevue Hospital twenty cases of toy-pistol wounds were treated on the Fourth of July, three becoming inmates of the hospital. But one case was treated in the New York Hospital, and but four cases in St. Vincent's Hospital. Dr. E. A. Dracklow explained these figures by saying that there are cases which are not likely to come to the hospitals except for temporary treatment.

The parents of the children seeing no bullet wound, and nothing but a blackened, burned and slightly lacerated hand, do not recognize the serious nature of the wounds, and neglect to call in medical assistance. The coroner's office usually had much to do with the result of toy-pistol wounds.

Dr. Knox, the coroner, had investigated very many cases of death from toy-pistol tetanus, and was of the opinion that death resulted very frequently from pyæmia arising from toy-pistol wounds, and that these cases rarely come under official investigation.—*N. Y. Cor. Chicago Med. Rev.*

### ELASTIC LIGATURE FOR OPENING SINUSES.

In the *Medical Times and Gazette*, Dr. HENRY A. LEDIARD recommends the use of a fine rubber ligature in opening up sinuses about the posterior part of the mouth. He relates the case of a patient with several sinuses in and about the soft palate on the right side, and in the neighborhood of the tonsil, resulting from repeated abscesses of long duration. A scanty purulent discharge was always present, causing a disagreeable taste in the mouth in the morning. A considerable amount of cicatricial tissue was present near the right tonsil and about the soft palate. A probe searching behind the vellum found its way into a sinus, and the point of it projected through, above the last molar tooth. He cut down upon the probe point with a view to establish complete drainage through the incision, which, although very small, caused a lingering hemorrhage, which was not checked without trouble. In order to find the course of the pus, which still appeared, he passed some fine elastic, tied to a thread upon an aneurism needle, through the track above mentioned, and tied it; in forty-eight hours the tissues were cut through, and a sinus laid open. No hemorrhage and only bearable pain resulted. The effect was beneficial, but other sinuses appeared still, behind, in parts considerably altered by the old inflammatory action. He accordingly repeated the process, passing the ligature partly through healthy parts; and this was done altogether three times, with the result of complete cure.—*Med. and Surg. Reporter.*

### PEROXIDE OF HYDROGEN IN SURGERY.

From the *Lancet* we note that the powerful germicidal properties of peroxide of hydrogen, the *eau oxygénée* of the French, have led MM. Péan and Baldy to test its practical value as a surgical dressing for extensive wounds



and ulcerations of various nature, as an injection into sinuses and cavities, such as the bladder, the nasal cavities, and also in the form of spray, as a substitute for carbolic acid spray in major operations, such as ovariectomy. It was applied by means of compresses covered with an impermeable material, to prevent evaporation. During the dressings a spray of it was employed. The preparation used was absolutely neutral in reaction, and contained four or six times its volume of oxygen; but for the injection of sinuses or closed cavities a weaker solution was employed, containing only one or two times its volume of oxygen.—*Med. and Surg. Rep.*, Oct. 7.

#### INFLAMED GLANDS—JABORANDI POULTICE.

Dr. STETMAN, in the Quarterly Proceedings of the Lancaster County Medical Society, reports several cases of incipient inflammation of the mammary gland and of buboes, and in parotid swelling of mumps, where good results followed the application of a poultice made of one part of jaborandi leaves (softened by maceration with hot water) and two parts of flaxseed meal.—*Medical Times*.

#### TRANSPLANTATION OF MUSCLE.

Dr. HELFERICH, of Munich, after the removal of a large fibro-sarcoma from the biceps muscle of a woman, aged thirty-six, refilled the gap left vacant with a freshly cut piece of muscle taken from a dog; fastening the same with six lower and thirty upper catgut ligatures. A cure followed the antiseptic treatment. The patient can now readily flex and extend the arm. An electrical examination instituted by Ziemssen did not show any abnormality, and it appears, therefore, that the transplanted muscle has retained its vital functions.—*Berliner Klin. Woch.*—*Cin. Lan. and Clin.*, Sept. 16.

#### FAINTNESS—SHOCK.—ATROPINE.

See article, *Cardiac Inhibition*, in this No. of the EPTOME, page 481.

#### RESPIRATORY ORGANS.

##### OZENA FŒTIDA SIMPLEX.

The Edinburgh *Medical Journal*, quoting from R. Volkmann, in *Centralb. für Chir.*, says:

During the past year I have attempted, in two cases of *ozæna fœtida simplex* affecting young girls, to procure a better ventilation of the nasal cavity by removing the whole of the inferior and the greater part of the middle turbinate bones; and in both instances a distinct success was the result of the treatment. The penetrating fetor, the symptom which, above all, induced the patients to seek surgical aid, disappeared under the use of disinfectant and astringent injections, although these had been used previously to the operation for months, and years, without any effect. The patients afforded examples of what I have often observed in cases of *ozæna fœtida simplex*, viz., the nose congenitally narrow, accessible only to the smallest instruments, the passage of which was the signal for hemorrhage; the vomer bent, and the turbinate bones on one or other side almost completely obstructing the passage. In the one case there was considerable injection and velvety swell-

ing of the mucous membrane, with much discharge. In the other there was present the cicatricial shriveling, with formation of horny crusts, to which so much attention has been lately directed. I am far from asserting, or even daring to hope, that in this extirpation of the turbinate bones we have found a sovereign remedy for ozæna. As to the best method of performing the operation I cannot yet speak with certainty. At the present time I would recommend the following plan: A strongly concave gouge of the largest available size is introduced into the nostril and pressed backward twice or thrice, in the direction of the middle meatus, *i. e.*, pretty nearly parallel with the horizontal plate of the hard palate. As the gouge is pressed backward, its cutting edge should be made to act first inward and then downward. The semi-detached fragments of bone must now be removed with polypus forceps or other suitable instruments. If bleeding be severe the meatus may be plugged.—*Med. and Surg. Rep.*, Oct. 7.

### NASAL POLYPI.

Dr. MORRELL MACKENZIE discusses the various operative methods of removing nasal polypi, and states that the mode of treatment he generally adopts, is to remove the polypi with his punch-forceps and then to apply the electric cautery to the base of the growths. This method will generally succeed in effecting a rapid cure, but when recurrence repeatedly takes place, if the growth springs from one of the turbinated bones, he removes a portion of the bone from which the polypus originates by means of a special instrument which he has devised for the purpose. It consists of fine hollow forceps having toothed edges on one side and smooth edges on the other, whilst between the two a sharp cutting blade can be rammed down. The portion of the turbinated bone required to be removed is seized by the forceps, the smooth blade being on the outer side. The knife is then pushed home and the portion of the bone easily removed. He wishes it to be understood, however, that though he considers the removal of a portion of one of the turbinated bones perfectly harmless, he regards it as an operation rarely required.—*Arch. of Laryngology*.

### BONY OCCLUSION OF BOTH POSTERIOR NARES.

Dr. T. B. WILKERSON reports a case of congenital occlusion of the posterior nares by a bony septum, in a child six years of age, which he perforated by means of a new and ingenious instrument, a revolving trocar and curved cannula, the drill attached to cable-screw wire; the latter being elastic, allows the handle of the trocar to be circularly rotated, whilst the curved cannula remains stationary, the slit in the posterior under surface of the tube and pliability of the wire render the retraction and withdrawal of the trocar easy. The drill point protrudes beyond the end of the cannula half an inch, length of trocar and cannula about four inches, length of handle two and a half inches; without this instrument the operation would have been impracticable. A very satisfactory result was obtained.—*North Carolina Med. Jour.*

### INTER-CRICO-THYROID LARYNGOTOMY.

Dr. LAUNY (*Lyon Médicale*) deals exhaustively with this operation in a pamphlet issued by him within the last few months. The merits of the operation have been repeatedly discussed by various surgeons, but the objections to it have never been sustained by exact anatomical data. M. Krishaber, on the contrary, has proved that in the adult the crico-thyroid membrane was sufficient to admit the introduction of a suitable cannula. Dr. de Launy has undertaken measurements on dead subjects, and he has been able to obtain a maximum space of from 12 to 14 millimetres in the adult—2 or 3 millimetres

may be added by removing the cricoid cartilage. In the child, laryngotomy is scarcely possible except when over 12 or 13 years of age, when the crico-thyroid space measures at least 7 millimetres.

The operation is easy and clearly indicated. The author strongly advises the employment of the thermo-cautery of Paquelin. By operating slowly and at a dull red heat no bleeding of any consequence occurs. The vertical incision is sufficient and preferable; it permits the introduction of the cannula without requiring previous dilation.

A complication accompanying inter-crico-thyroid laryngotomy is a dysphagia which occurs on the day of or the day after the operation, and lasts from eight to nine days. It is probably due to the pressure exercised upon the anterior wall of the œsophagus by the convexity of the cannula.

He discusses the indications for and against the operation. It should be performed when the patient's life is in danger. One ought immediately to operate in pseudo-membranous laryngitis, œdema; burns of the larynx, or where foreign bodies are present. Sometimes laryngotomy is alone possible; for example, in swelling of the vessels of the neck, in tumors which displace the trachea, and above all, in affections of the thyroid body. In this last case, it is advisable occasionally to overcome the obstacle by replacing the internal canula by an œsophageal catheter.

This operation is, nevertheless, contra-indicated when the lesion renders the crico-thyroid space insufficient to admit an ordinary cannula. It is formally forbidden under the age of 12 years, and in the aged, whose crico-thyroid articulations are quite ankylosed.—*Glasgow Med. Jour., Sept.—Med. News, Sept. 23.*

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#### INTER-CRICO-THYROID LARYNGOTOMY OVER TRACHEOTOMY.

At the Société de Chirurgie, a discussion arose on the advantages of inter-crico-thyroid laryngotomy over tracheotomy. The discussion originated in a communication by M. Richelot relative to this operation, which he practiced on a man who presented a vast epithelioma of the floor of the mouth, and insisted on the facility of the operation as that of tracheotomy. According to him the dimensions of the crico-thyroid space are perfectly sufficient to introduce the cannula, which, however, should be of small dimensions, for a large tube would be difficult to introduce, and further, might burst the cricoid cartilage. M. Ficaise, who took up the defense of this method, said that he had performed laryngotomy on a man of sixty-seven years of age for cancer of the larynx, and it succeeded very well. M. Chauvel preferred tracheotomy, for the tube must be necessarily too small. M. Després declared himself an adversary of the operation in question, for the efforts of deglutition caused the tube to rub constantly against the walls of the larynx, and thus inconvenienced the patient rather seriously. M. Verneuil, on the contrary, considered laryngotomy an excellent operation, easy to perform, and deprived of those dangers which attended tracheotomy. In some cases it is even the only one possible. He had actually a patient in his service on whom he performed this operation for epithelioma of the pharynx, and having introduced the tube of Krishaber, the man speaks and eats well. Another member declared that from experiments on the dead body he found that laryngotomy was much easier to do than tracheotomy. The discussion ended with M. Launelongue, who maintained that tracheotomy was ordinarily a difficult operation, and often dangerous, and he certainly preferred to replace it by laryngotomy.—*Medical Press.—Cin. Lan. and Clinic.*

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#### TRACHEOTOMY.

An article by Dr. LEWIS S. PILCHER, in the *Annals of Anatomy and Surgery* for September, on Tracheotomy and its Complications, emphasizes one point which is not often spoken of, namely, the turning in of the cartilages of the trachea at their posterior part, thus forming in a number of contiguous

rings an elevation running up and down the back of the trachea. This is, of course, due to the spreading apart of the cut surfaces of the rings in front by the cannula. To avoid it he recommends the excision of a portion of the rings by means of a horse-shoe shaped punch, introduced at the first incision. The cartilages then not being spread, no arching forward takes place at their posterior portion. The practical bearings of the protrusion as it occurs after the ordinary operation are first, of course, the obstruction thus caused to the ingress of air, and, secondly, the unfortunate results of mistaking it for a granulation and trying to remove it.—*Boston Med. and Surg. Jour.*, Sept. 14.

### EXTIRPATION OF THE LARYNX.

At a recent meeting of the Würzburg Medical Society Prof. BERGMANN presented a patient in whom he had performed extirpation of the larynx. The following is an abstract of the history of the case: The patient was a man aged 54, always in good health until the summer of 1880, when he began to suffer from hoarseness and dysphagia, an laryngoscopic examination made October, 1881, revealed the following conditions: The epiglottis was normal; on the left ary-epiglottic fold there was a large warty tumor; the left true and false vocal cords were fused together; the cavity of the larynx was greatly contracted, and the true and false vocal cords on the right side were thickened, reddened, and ulcerated. The restricted character of the disease led the author to hope for improvement under local treatment, but the laryngeal stenosis increased to such an extent that tracheotomy had to be performed on December 6th. Extirpation of the larynx was performed on January 16th. Prof. Bergmann found that the previous performance of tracheotomy was no advantage and indeed rather interfered with the operation: he therefore advises the non-performance of tracheotomy until after the thyroid cartilages have been cleared. And from the difficulty of dissecting off the constrictor of the pharynx, there is always a danger of getting into the space between the œsophagus and spinal column: he advises the division of the thyro-hyoid ligament, the seizing of the laryngeal artery with forceps, and the rapid separation of the larynx from the pharynx. The larynx is excised immediately below the cricoid cartilage, the first tracheal ring being previously fastened to the skin. The wound was treated with iodoform and corrosive sublimate gauze: three deep stitches were passed through the skin, to which the posterior wall of the trachea was fastened, and stitches were also passed through the mucous membrane of the pharynx. Healing took place without febrile reaction. The patient now wears a Brun's cannula with which he is able to speak in a loud, clear voice:—*Deutsche Med. Woch.*—*Med. News*, Sept. 28.

### LUPUS OF THE LARYNX.

BREDA, basing his results on a great number of observations, to which he adds four occurring in his own practice, arrives at the following conclusions: Lupus of the larynx may be either primary or secondary to a similar affection of the skin, or nasal or buccal mucous membrane; it occurs most frequently in children (though a case in a man, aged 44 years, has been reported), and always in individuals of a lymphatic temperament. Males are less frequently attacked than females. In the larynx, lupus is most often found in the epiglottis, then on the aryepiglottic fold: in two cases only (Vichow, Thomas) did the process involve the trachea.

This disease is principally evidenced by affections of the voice, usually leading to complete aphonia. It is unusual to see it accompanied by any general nutritive disturbance; acute œdema of the larynx, threatening suffocation, may occur: oftentimes no troubles of deglutition or local pain are present.—*Journ. de Méd. de Paris*.—*Med. Times*.

### EMPHYEMA.—INCISION OF THE CHEST.

As the treatment of emphyema is now receiving prominent attention, I beg to submit to the notice of the profession a safe and easy method of incising the chest. At the point selected for the operation, I introduce my No. 2 antiseptic trocar (see *British Medical Journal*, February 25, 1882), which serves the purpose of an exploring instrument, and then forms the sheath of a probe-pointed knife. Under Listerian precautions, the india-rubber case is removed, and the inner tube withdrawn; then in its place the knife is introduced, which accurately fits the trocar, and projects a cutting edge of one inch and a quarter in length. The trocar is thus converted within the chest into a probe-pointed bistoury, and with it the required incision can be safely and rapidly made. This modification renders the performance of the operation very easy; on the other hand, an incision from without inward is often delayed by the dense layer of lymph lining the costal pleura.—John Ward Cousins, M.D., Lond., F.R.C.S., Surgeon to the Royal Portsmouth Hospital.—*Gaillard's Med. Jour.*

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### HYDATID CYST OF THE LUNG.—OPENING THE CHEST.

At a recent meeting of the Soc. Médicale des Hôpitaux M. BUCQUOT presented a remarkable case of hydatid cyst of the lung, treated and cured by incision of the chest wall.

A man 39 years of age presented himself, with the signs of dry pleuritis on the right side; later the general condition became bad, and all the signs of pneumothorax were found.

By aspiration, more than two quarts of pus were withdrawn from the chest, but no improvement followed; hectic fever appeared, with fetid breath, discharge of pus from the mouth, and a second aspiration gave but about three ounces of very fetid pus.

An incision in the chest wall was then made, and the hydatid cyst extracted; rapid recovery ensued, a fistulous passage into the chest remaining.—*Med. and Surg. Rep.*

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### RUPTURE OF PULMONARY ARTERY.

Dr. S. B. STRIDGER reports a case of ruptured pulmonary artery, which occurred while the patient was engaged in his ordinary work. The man had been subject to repeated attacks of rheumatism; family history good. Death was almost instantaneous. Post-mortem examination disclosed a rupture in the pulmonary artery about three inches in length, just below its bifurcation and within the pericardial sac. There were atheromatous deposits the other vessels. At no time during the life of the patient was there pain, palpitation, dyspnoea, or any other symptom to attract the attention of himself or his physicians to the fact there was organic heart disease.—*Chicago Med. Rev.*, Sept. 1.

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## CIRCULATORY ORGANS.

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### HÆMOPHILIA.

Hæmophilia is a very learned looking word, and, as it should do, it bespeaks a disease of which we know very little. The malady which from time to time so unhappily incapacitates H. R. H. Prince Leopold, is one which most unprofessional people think to be due to some abnormal condition of the skin. A person who bleeds easily is said to have only one skin, in place

of the proper number which it must puzzle many to tell. It is not, however, any such malformation, but what it is is much less certain. Such persons bleed easily from not only the skin when wounded, but from the gums and mouth, and mucous membranes. They also bruise easily, and in the same way it is probable that the troubles in the joints from which they suffer are to be explained by supposing some slight injury to the synovial membrane, and a subsequent escape of fluid to the cavity of the joint. We do not know what is the malformation or disease which predisposes to such an easy escape of the blood from its proper channels. The chemical constitution of the blood has been thought by some to be at fault, the smaller blood-vessels by others; but no chemical or microscopical investigations that have been conducted as yet have been anything but contradictory, and, therefore, have been without result. One curious fact, however, has been elicited from various observations that have been made; and this is, that it is hereditary to a marked degree, and that it is transmitted along the male much oftener than along the female line.—*Brit. Med. Jour.—Med. Gazette, Nov. 4.*

### ESMARCH ON THE TREATMENT OF INJURIES OF THE BLOOD-VESSELS, IN WAR.

The following is the substance of a paper read before the section of Military Surgery in the International Medical Congress held in London in August, 1881:

1. The indications for the treatment of injuries to the larger vessels, and for traumatic hemorrhage, have been materially simplified by antiseptics and artificial bloodlessness.
2. Ligature of the trunk of the artery above the wound, formerly practiced, is uncertain, and therefore should be abandoned, especially when the tissues are infiltrated by inflammatory exudation.
3. Styptics should also be abandoned, since they are uncertain in their action, and, by rendering the wound dirty, retard its union.
4. In every case of hemorrhage threatening life the injured vessel must, if possible, be laid bare at the injured spot and tied above and below with cat-gut or antiseptic silk.
5. The operation must be conducted strictly antiseptically and, in the case of the extremities, by the aid of artificial bloodlessness (Esmarch's bandage).
6. The chief means of making such operations easy lies in making a long incision, which lengthens the wound in the long axis of the limb. When life is concerned, it matters little whether the incision be an inch or a foot long; as, if it succeed in checking hemorrhage, and be conducted thoroughly antiseptically, a long incision heals just as well as a short one.
7. A proper incision having been made through the skin, the deeper tissues are laid open, the left fore-finger being used as a director, upon which they are divided to the same extent by a blunt-pointed bistoury. They are then held apart by either blunt or pointed hooks.
8. Coagulated blood is now quickly and energetically removed, either with fingers, sponges, or raspatories, and as thoroughly as if it were intended to make an elaborate dissection. The coagulated blood covers everything, and is a fertile soil for the noxious matters exciting inflammation.
9. This being accomplished, the vessels and nerves are felt for with the finger, and an endeavor is made to get some idea as to the nature of the injury by the aid of the cleansing sponge, with which arteries, veins and nerves are isolated.
10. If the veins be quite bloodless and collapsed, it is difficult to distinguish them from cords of connective tissue; it is therefore advisable to form a reservoir of blood below the wound by placing a ligature round the hand, for example, before applying the elastic bandage to the arm. Afterward, on elevating the limb and removing the ligature, the blood flows out of the injured vein, if the vessel have been such.
11. If the injured part of artery or vein have been found and exposed sufficiently to enable the whole extent to be seen, the vessel must be isolated

and tied, above and below the injury, in a healthy situation, securely and tightly, with catgut or antiseptic silk (reef knot). The vessel, if not already divided by the injury, is then cut between the ligatures. If any branches be found between the ligatures, they are isolated and tied, and separated from the trunk of the vessel.

12. The tubing is now released, and all remaining vessels from which any blood issues are ligatured; the limb being elevated, as in amputations when the tubing has been removed, to lessen the parenchymatous bleeding.

13. Divided nerves and tendons, should they be found in the wound, are to be united by fine sutures of carbolic silk or catgut.

14. Foreign bodies, *e. g.* bullets, fragments of clothing, very loose bone splinters, should be carefully removed.

15. The whole wound is then disinfected most carefully by washing, rubbing and rinsing with solutions of chloride of zinc and carbolic acid, or iodoform spray. An endeavor must be made to penetrate into every crevice of the wound.

16. Counter-openings have been made in suitable situations, and drainage tubes introduced, the wound is closed by antiseptic dressing.

17. The performance of this operation is not suitable to the battle-field, because it requires much calmness, time and care; and because the antiseptic precautions can only be observed in a well-constructed lazarette.

18. For provisional hemostasis on the battle-field, elastic compression is alone suitable.

19. The use of styptics is to be forbidden, therefore such articles as perchloride of iron, Pinghawar Yambi, etc., should be left out of the dressing materials.

20. Equally injurious and dangerous are the much used tourniquets, not only because they require a certain amount of anatomical knowledge in their application, but because the pad (be it ever so well adjusted) becomes displaced during transport, and so only checks the venous circulation instead of the arterial; the result being dangerous infiltration if the opening of the wound be closed, and recurrence of hemorrhage if it be open.

21. Satisfactory and lasting compression of the vessels is obtainable by an elastic tube or girth being drawn round the limb several times, tightly stretched. By this means the soft parts are so well drawn together, that not a drop of blood can pass through the vessels.

22. No anatomical knowledge is requisite, as the compression is useful wherever undertaken. Displacement of the tube or girth is impossible in transport if the ends have been well secured.

23. Tourniquets should therefore be replaced by elastic girths in the stores and in the dressing-bags of the men of the hospital corps.

24. Since caoutchouc suffers by being stored, and loses its elasticity, it is impossible to keep a store of these girths in the magazines; and, in the event of war, contracts would be badly carried out.

25. I have, therefore, given a necessary article of clothing the construction necessary for its double use as a brace and as an elastic tourniquet.

26. This tourniquet-brace consists of an India-rubber girth, 150 centimeters (nearly 2 feet) long, and is strong enough to compress every vessel in a limb at any point.

27. Since every soldier must have a pair of braces, and this one is not dearer than any other, the desire that each soldier should be so equipped in war is a reasonable one.

28. In this case, every soldier would carry a means of checking a dangerous hemorrhage, in himself and others, on his own person. In case of a severe injury he would, in any case, not require braces; and on the field of battle the braces of the dead and wounded could be removed in great numbers if necessary.

29. These braces might also be used for tying-off poisoned wounds, for procuring artificial bloodlessness in operations, and for the resuscitation of the apparently dead after severe losses of blood, etc.

30. It is a matter of course that every wounded man, in whom hemorrhage has been provisionally checked by the girth, should be brought to a lazarette

as soon as possible, in order that the compression may be there removed, and the definite ligature of the bleeding vessel carried out.

31. It is also of importance that, before applying the elastic tourniquet, the limb be bandaged in an elevated position; and, if bones be shattered, that these should be rendered immovable during transport, by means of splints, etc.—*Lond. Med. Record.*—*Pacific M. and S. Jour.*, Oct.

### SURGERY OF THE ARTERIES.

1. Bleeding from an accessible artery should be checked by twisting or tying both ends of the vessel.

2. Moderate hemorrhage from one not readily reached, should be controlled by rest, position, local pressure, compression, etc.

3. Severe hemorrhage from artery not controllable by pressure, etc., requires that the vessel be sought in the wound and both ends tied or twisted.

(a) An important exception is to be noted in some cases of wounds of the hands or feet; the danger of damaging important structures may lead the surgeon to tie or twist the brachial or femoral rather than seek the wounded branches of the palmar or plantar arches,

4. In fractures, complicated by wound or rupture of a large artery, the surgeon should at once cut into the swelling, turn out the clots, twist or ligate the central and peripheral ends of the arterial trunk.

5. In pulsating tumors, following wounds or injuries of arteries, should rest, position, local pressure or general compression fail to check their growth or diminish their size, an operation should be performed, the tumor opened, clots removed and the vessel tied or twisted above and below the lesion.

6. When a wound or injury of an artery has led to extravasation, no operation should be performed, so long as rest, position, pressure or compression can restrain further hemorrhage. (a) An exception to this rule is to be noted in cases where the amount of blood in the tissues is so great as to threaten their integrity by gangrene, or where, after checking further increase, the above measures fail to cause a diminution in the size of the tumor, despite the length of time they have been employed.

7. If the extravasation caused by arterial wound or injury cannot be held in check and further hemorrhage prevented by position, rest, local pressure or general compression, the tumor should at once be cut open, the clots removed, and the vessel tied or twisted above and below the point of injury.

—*Reuben A. Vance, M.D.*—*Atlanta Med. Reg.*, Sept.

### MODIFIED ESMARCH METHOD.

A modification of the Esmarch method of producing artificial bloodlessness is reported as having been in vogue for some time in Australia, where, indeed, it is supposed to be the genuine Esmarch method. A stout ring of small size, made of rubber tubing, is rolled up the limb from the extremity, driving the blood before it. When the desired height has been reached a pad of cloth is introduced under the ring, over the artery, to produce additional compression, and the ring remains *in situ* during the operation.—*Boston M. and S. Jour.*, Sept.

### LIGATURE OF THE EXTERNAL CAROTID.

At the recent meeting of the Société de Chirurgie, on June 27, in reference to the point of election in ligation of the external carotid, M. Farabœuf said that the principal objection urged to the situation between the origins of the superior thyroid and lingual arteries was the difficulty in finding the vessel. M. Farabœuf, however, showed that the artery lies directly under the greater horn of the thyroid bone, and by cutting down on this point the election was readily found.—*Gaz. Méd. de Paris.*—*Med. News.*



## TRANSFUSION OF BLOOD.

According to M. ROUSSEL, of Geneva, 11th Session French Ass'n, the chill which results after transfusion is an index of the reaction of the system, and is a favorable symptom. He injects sometimes as much as 300 grammes ( $\frac{3}{4}$  x.) of blood. The urine he considers to be the criterion of the quality of the injection, it being bad if there is albuminuria or hæmaturia. In acute anæmia, produced by a single excessive hemorrhage, transfusion is not necessary. It is indicated in anæmia produced by repeated hemorrhages.

M. Verneuil thought that transfusion of blood was a process at once difficult, dangerous, and useless. He recommended subcutaneous injections of ether as being equally efficient and far more safe and convenient. He admitted the success of transfusion in some cases, but did not think it due to the blood.

M. Henrot thought that transfusion was indicated in certain cases, and that it was better to use the natural stimulant, blood. He had employed transfusion considerably before he learned the value of ether and ergotine. Of late years these latter agents had entirely supplanted transfusion in his practice.—*Med. Record*, Oct. 7.

## RADICAL CURE OF VARICOCELE.

M. REGINALD HARRISON describes his method of operation as follows:

It consists in exposing the cord by a vertical incision about an inch in length and separating the veins which are most prominently varicose. These are each tied in two places with a catgut ligature. Usually three or four main veins require to be so dealt with. In addition, it will be observed that there are a number of small veins in plexuses or bundles, especially in close proximity with the epididymis, which cannot be obliterated in this way; these he destroys with a few light touches of the thermo-cautery, taking care, while this is being done, to protect the vas deferens by holding it from behind, between the thumb and index finger of the left hand. The operation is conducted antiseptically. No sutures are introduced, and the wound is left to heal by granulation. He has now been performing this operation for some years, and he is not aware of an instance in which there has been a return of the varicose condition of the veins; the cicatrix which results is of a contractile nature, such as usually follows wounds inflicted by burning and gives a feeling of firmness to parts which previously were complained of as being unnaturally lax. It is a matter of great importance, in view of preventing a return of the disease, to destroy the varicose veins, which can only be seen and not felt. If this is not done obliteration only means driving the disease into new channels already preparing to dilate.

He has operated on the spermatic veins in his way a great many times. In one instance only was any delay or danger imported into the case. This was an attack of erysipelas; which was directly traceable to the patient sitting on a draughty water closet very shortly after the operation was performed. Though here there was delay and some danger, the result was satisfactory. As to the necessity for performing an operation with a view of effecting a radical cure, the sensations of patients, in addition to changes taking place in the testicle, are sufficient to indicate this. Hence, in deciding what is to be done, it is of importance to have under notice the various procedures having for their object the same result.—*Lancet*.—*Cin. Lan. and Clinic*, Sept. 9.

## VARICOSE VEINS.—LIGATION.

One of the most difficult conditions to cure is that of varicose veins. In fact, we may say, the systemic condition or tendency thereto can never be cured when once pronounced. As an effort at radical cure, Dr. T. M. Markoe proposes the ligation of varicose veins, and the excision of the lig-

ated portion keeping the limb elevated and controlling any bleeding by pressure upon the cut ends. A full report of the operation will be found in the *Medical Gazette*, September 2d. Dr. Markoe says truly the operation is not a new one, but he claims that it is too little used. The operation has met with good results and is worthy a trial.—*Chicago Med. Rev.*, Sept. 15.

### SUFFOCATING GOITRE.

Dr. DANNON, in his *thèse* thus reviews the treatment of suffocating goitre: Medical treatment (iodine *intus et extra*) only succeeds in glandular hypertrophied goitre, and perhaps sometimes in the cystic tumor of recent date, small, soft, and superficial. When the goitre is recto-sternal mobile, the surgeon should endeavor to raise the tumor with his fingers and seek to retain it in that position by means of four pins thrust into the goitre, or by the metallic drain invented by Fauvel. This operation is termed "suspension" of the goitre. When the tumor is cystic, and does not present immediate danger of suffocation, the operator can choose between subcutaneous puncture, which is only palliative, cauterization, which occasions always great pain, prolongs the treatment, and leaves ugly cicatrices, injection of iodine, which produces for some days after a swelling of the tumor that might be dangerous, interstitial or subcutaneous injection of iodine, according to the method of Velpeau, or finally, the metallic drainage, to be followed by the elastic drainage. In *solid* goitre, after having tried internal treatment, the choice will only be left between interstitial injection and drainage. In vascular goitre ligation of the thyroid arteries might be attempted, or injections of perchloride of iron. When the goitre is cystic, and suffocation imminent, it should be tapped if it is soft and superficial, and a drainage-tube placed. If the tumor is solid, and the attacks of suffocation frequent, extraction of the thyroid gland is the only resource. Tracheotomy should be reserved for cases where the life of the patient is in immediate danger. Igni-puncture and interstitial injection of chloride of zinc have been recently employed with good results, but the cases require to be more numerous in order to be able to accept this treatment in a definite manner.—*Med. Press and Cir.*—*Louv. Med. News*, Sept. 30.

### OINTMENT OF OLEATE OF MERCURY FOR GOITRE

I have used a small quantity of the oleate of mercury ointment, applied over a number of cases of goitre, and have observed that, after persistent use, the enlargements were usually very much reduced in size. The ointment of the oleate of mercury while therefore not curing the cases, have assisted very much in completing the cure. I generally employ before using the ointment just named, leeches all over the gland, or puncture it deeply with a small needle knife, and give internally either iodine, one of the iodides, or the corrosive chloride of mercury.—EDITOR.—*Medical Bulletin*.

### ALIMENTARY ORGANS.

#### HYDROA OF THE MOUTH.

Hydroa, when it occurs in the mouth, may give rise to certain erroneous diagnoses—syphilis, for example—leading to energetic treatment which, at best is useless. Dr. Quinquad (*Annales de Dermatologie*) has recently given a description of this affection, which may be of service in differential diagnosis. The affection is essentially superficial, and varies according to the region which it attacks. On the lips it begins by an intense redness on the median line or on

either side of this line. It hardly ever has its place in the commissures which distinguishes it from the syphilides. The erythema is at first circumscribed, sometimes occupying the mucous membrane alone, sometimes the mucous membrane and the skin. The redness is like that of the cherry. Within the first thirty-six hours it manifests an opalescence similar to that of the syphilides; ulceration follows upon the ingestion of irritating viands, and gives rise to a slightly sanguinolent discharge. At this time the lips are covered with disseminated crusts, presenting here and there fissures. These brownish concretions circumscribe whitish, opalescent, humid spaces, which give place to vesicles. The same lesions may be met with on the inside of the lips, on the gums, where it resembles an ulcero-membranous stomatitis; on the tongue, where it simulates thrush, and on the palate. The eruption has three phases of evolution—an erythematous phase, which is very short; an erythematophlyctenoid phase, during which are produced the exudations; a phase of ulceration, which simulates the mucous patches of syphilis, and is followed by a period of repair. During all these stages pain is present. As a rule the eruption affects the mouth only when very intense and widespread. To this, however, there are some exceptions. The treatment consists chiefly in mild and astringent gargles.—*Chicago Med. Review.*

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### EXCISION OF THE TONGUE.

Mr. CROLY, of Dublin, performs the following operation for cancer of the tongue, even when the disease is situated in the anterior portion of the organ. He first ligatures each lingual artery close to the hyoid bone, through a curved incision, reaching from the symphysis down to the hyoid bone, and up and back to the angle of the jaw. Through these incisions he withdraws the tongue, as in Regnoli's operation, and removes the requisite amount of it by the benzoline cautery. Lastly, he divides the gustatory nerve where it lies along the inner border of the jawbone.—*Med. & Surg. Rep.*, Oct. 21.

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### TONGUE-TIE.—RUPTURE.

Various and elaborate instruments have been adapted by different surgeons for the treatment of tongue-tie (as it is commonly called by the profession at large) by incision. I think the following method preferable and much safer. I pass my right index-finger into the mouth of the infant to be operated on, under the tongue, and press my nail against the frænum till I rupture it to a sufficient extent. So far my cases have turned out quite a success. The plan, I am sure, will recommend itself to all.—*J. Brindley James, in British Med. Journal.—Dental Cosmos*, Oct.

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### MERCURY USED IN DENTISTRY.

Dr. Eugene S. Talbot, of Chicago, in American Medical Association, read a paper on "The Injurious Effects of Mercury as used in Dentistry." The paper was confined to the use of amalgam fillings in natural teeth.

There can no longer be doubt that amalgam fillings in teeth will sooner or later produce mercurial poisoning. The dire effects of this metal are not always seen immediately after the fillings are inserted, years sometimes elapsing before the injurious effects were felt and noticed.

Physicians in treating dyspeptics, anemics and persons suffering from nervous debility, would do well to examine the mouths of patients and know if artificial teeth on red rubber or fillings of natural teeth have in their composition mercury or any of its compounds.—*Detroit Clinic.*

### RANULA OCCUPYING THE WHOLE FLOOR OF THE MOUTH.

On October 15, Matilda L., aged forty, a married woman, residing at Herne Hill, applied at the Cancer Out-Patient Department for an affection of the mouth, which she had been given to understand was a cancer. On opening her mouth the first appearance gave the impression of a large tongue tied down to the floor of the buccal cavity in front, but which, owing to œdema, was bulging above the level of the lower teeth. On looking further into the mouth, however, the tongue itself was seen pushed upward and backward by a large mass, to which the tongue looked but as a small flap-like appendage. The tongue could be protruded out of the mouth at will. The mass, which proved to be an ordinary ranula of extraordinary size, had first shown itself ten months ago as a small bladder-like enlargement on one side of the frænum. This had continued to grow, up to the time of her application to the hospital. At this time it occupied the whole floor of the mouth, pressed backward the tongue, and reached higher than the teeth level; it was soft, but not fluctuating, and at one spot on the left side the surface of the mucous membrane was broken. This destruction of mucous membrane was such as might have been caused by the puncture of a nævus-needle, the edges of which puncture had subsequently ulcerated. There was no induration or tendency to fungate about them. There was no enlargement or hardening of the submaxillary or lingual glands, nor of any of the cervical lymphatic glands. The swelling gave no pain, but caused much discomfort by its size. A cut was made into it with blunt-pointed scissors, and after the contents were evacuated a small square-shaped piece of the wall of the cavity was cut away. The cavity was then stuffed with several long narrow strips of lint, some three or four of which were soaked in the tincture of the muriate of iron. The contents were of the usual glairy character, but somewhat pale; they looked exactly like the white of egg, and measured one fluid ounce. On heating a little, the whole of the heated portion was converted into a solid mass. After cutting away the fragment of the cyst-wall, some slight hemorrhage followed, which soon subsided before the plugging was commenced.

October 23.—Teeth quite black from use of tincture of iron. A large granulating cavity in floor of mouth, with spacious quadrilateral aperture, through which patient can stuff large flakes of cotton-wool into the cavity.

The cure was uninterrupted. The cavity closed by granulating and subsequently contracting.—*Med. Times and Gaz. Dental Cosmos, Oct.*

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### NEW METHOD OF TREATING SALIVARY FISTULÆ.

At the meeting of the Société de Chirurgie, held July 5th, M. Delens read a report on a work of M. Richelot on this subject. His method consists in forming an internal orifice to the fistula by tying the thickness of the cheek in the grasp of an elastic ligature; after the ligature has cut through, the external orifice closes of itself while the other remains open.—*Le Progress Méd.—Can. Jour. Med. Sc., Sept.*

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### ŒSOPHAGOSTOMY.

During the last session of the Clinical Society, Mr. Reeves read a paper on the treatment of œsophageal stricture, in which he advocated the operation of making a permanent opening in the œsophagus, in preference to gastrostomy, which has proved so fatal. It may be recollected that, in the second case of gastrostomy, then related by the author of the paper, healthy tube was reached *post mortem*, without great difficulty; and the impression of this case, coupled with the fact, that œsophageal stricture is commoner in the upper part of the tube, induced Mr. Reeves to recommend a cervical exploration before proceeding to gastrostomy. Recently, an opportunity has occurred to

carry this plan into effect. A man, aged 63, under the care of Dr. Stephen Mackenzie, at the London Hospital, was referred for operation to Mr. Reeves, who, after consultation with his colleagues, and with the approval of Mr. Adams and Dr. Mackenzie, successfully performed the operation. On reaching the œsophagus, which was recognized with difficulty on account of its walls being cancerous, a large elastic catheter was introduced, and tied in. A further account of the case will appear in due course. Meantime, the operation is of interest, as showing that the suggestions offered by the author of the paper, at the Clinical Society, have been proved to be quite practicable, and tend to bring this rather rare and difficult operation within the range of practical surgery, and possibly to offer advantages over gastrostomy. —*Brit. Med. Jour.*—*Med. News.*

### RESECTION OF THE PYLORUS.

In a correspondence to the *Wiener Med. Woch.*, Dr. Anton Wölfler, in Vienna, mentions, in regard to the results of the resection of a carcinomatous pylorus, that the woman on whom he performed this dangerous operation one year ago, was living in a "splendidly nourished" condition; that all subjective complaints have ceased, and that the repeated and careful examinations have proven to an undeniable certainty that no recurrence of the malignant growth, either in the stomach or in the neighboring lymphatic glands had taken place. He also tells us that the second patient on whom Billroth operated for the same cause, October 29, 1881, was "perfectly well, looked strong, and is happy to be able to return to her usual occupation without any disturbance or impediment whatever."

These are results that should stimulate us to new exertions; the operation is not alone justified, but in proper cases even strongly demanded. "May it," concludes Wölfler, in his letter, "succeed right frequently, to the benefit of the human race and to the honor of the medical profession."—*Med. and Surg. Rep.*, Sept. 9.

### OBLITERATED DUCTUS CHOLEDOCHUS.—FISTULA.

WINIWARTER, in *Wien. Med. Woch.*, gives the history of a case where the ductus choledochus became obliterated. In three weeks the gall bladder had attained an enormous size, and there was intense jaundice. Aspiration of the contents of the gall cyst failed, and he determined to establish a fistulous opening. This was successful, and the patient made a good recovery.—*Can. Jour. Med. Sc.*, Oct.

### DIAGNOSIS OF ABDOMINAL TUMORS.

LO SPALLANZANI has recently published a lecture under the name of Prof. Baccelli on the diagnosis of tumors of the abdomen. We give the following résumé of the principal diagnostic points:

Before all, it must be determined whether the tumor is situated within or external to the peritoneal cavity. Extraperitoneal tumors are distinguished by a clear and tympanitic resonance due to the presence of the intestinal mass behind them, it should, however, be remembered that this sign may fail when the intestines are filled with feces, when there is a concomitant ascites, when the tumor attains such a size that it presses on all parts of the abdominal walls, or when the tumor is in contact with some voluminous intraperitoneal organ, such as the liver.

On the other hand, the tympanitic note may be present in the case of tumors of the liver or spleen, if they are covered by intestinal loops.

Observation of the movements of the tumor during inspiration and expiration may give very precise information.

Thus, the intraperitoneal tumor is depressed in inspiration and elevated in expiration. Retroperitoneal tumors, if exploration by the touch is possible, seem to slip under the hand.

Tumors of the abdominal walls, on the other hand, are elevated and depressed in a line perpendicular to the axis of the body because in inspiration the distance between the anterior and posterior walls of the abdomen is increased. An intraperitoneal tumor, however, may remain immovable if it has formed adhesions to the anterior abdominal wall or with the pelvis, or if the diaphragm or lungs are inactive.

A retroperitoneal tumor can also be movable if displaced, as a floating kidney; or if it is adherent to an intraperitoneal organ.

Backward movements of the tumor will be prevented by adhesions to the anterior abdominal wall. If the tumor is small and slightly movable, or independent of the respiratory movements, its change of position can be readily recognized from the exterior.

It is indispensable to study the tumor in connection with the region in which it is found; thus it is known that the kidney may be displaced in front of the liver, and so simulate a hepatic tumor. So also a pleural exudation may be mistaken for hypertrophy of the liver.

Tumors of the epigastrium may depend upon the stomach, peritoneal exudation consecutive to some ulcerative process, or upon echinococcus or cancer of the left lobe of the liver.

Tumors of the umbilical region, when not implicating the organs normally in this region, may depend upon a depressed pylorus, on a displaced spleen or kidney, or on a urinary calculus closed in the urachus.

Tumors of the hypogastric region may be caused by the distended bladder, the gravid uterus, ovarian or uterine tumors, or encysted exudations.

Tumors of the iliac and inguinal fossæ can be produced by fecal matter in the cæcum, by neoplasms of the intestine, by abscess, local peritonitis, or affections of the vermiform appendix.

It is also necessary to examine the form of the abdomen to see whether the normal outline has been departed from.

Splenic tumors, in elevating the costal arcs, raise the abdominal walls and give the abdomen a pyriform appearance, with the point directed toward the pubis.

Tumors of the kidney, on the other hand, pressing on the ribs, give the abdomen a very irregular outline.

In the case of tumors of the hypochondrium the umbilicus approaches the pubis and is elongated.

In tumors which are developed deep in the abdomen the umbilicus may be slightly depressed and stretched laterally, and the median raphe slightly deviated to the side on which the tumor is present.

The dilatation of the peri umbilical veins, the so-called *head of Madusa*, is a sign of obstructed circulation of the portal vein, and is very well marked in central tumors of the liver.

The other dilations of the epigastric veins indicate interference with the circulation in the inferior vena cava, although obstructed portal circulation may also cause them. It is also necessary to consider displacements of other organs.

In tumors of the spleen the cardiac ventricles maintain their normal position; in tumors of the kidney the stomach is completely displaced; and in large tumors the stomach may form an arc of a circle, its concavity corresponding to the convexity of the internal border of the tumor.

In tumors of the kidney the colon preserves its anatomical position; but when the tumors are very large it may be pushed behind or flattened.

The lower limit of the thoracic cavity must be always accurately limited by percussion, as in tumors of the hypochondrium, which cause tension on the diaphragm, the complementary pleural angle nearly always disappears. This is also usually the case of tumors of the kidney.

It is also to be noticed that in movable kidneys, in the standing position or even in the dorsal decubitus, a hollow can be observed in the corresponding lumbar region, and the kidney can not be felt by palpation.—*L'Abeille Méd.*  
—*Cin. Lan. and Clin.*, Oct. 21.

### CARCINOMA OF THE COLON.—RESECTION.—CURE.

M. NICOLAYSEN reports the case of a woman, aged 49 years, who, for a year, had suffered from constipation alternating with painful, bloody, and mucus stools. A tumor could be detected high up in the colon, which could be forced into the rectum by the expulsive efforts of the patient. The operation was performed in the following manner: after having forced the carcinomatous tumor into the rectum, the patient was chloroformed, the rectum washed out with carbolized water, the bladder emptied, and the tumor drawn outside of the anus. The left index finger was introduced into the intestinal canal  $2\frac{1}{2}$  cm. above the limits of the neoplasm and the walls of the colon, which at this level were perfectly healthy, pierced by a row of sutures extending completely around the bowel. The diseased portion was then excised 1 cm. below the sutures, which closed the tubes so well that only a single ligature was required. The edges of the wound were then united by sutures and the bowel released; it immediately retracted. The patient was cured in fifteen days, and no trace of the seat of operation could be detected in the rectum. The excised portion was 6.5 cm. long. The patient was in good health two months and a half after the operation.—*Nordiskt Medicinskt Arkiv*, 1882, No. 8.—*Med. News*, Sept. 9.

### INTUSSUSCEPTION.—WARM INJECTIONS AFTER CHLOROFORMING.

Dr. J. M. HOBSON reports in the *British Medical Journal*, a case of a child suffering from intussusception which was cured by injections of warm water. The child was chloroformed and about sixteen ounces of water were injected, distending the abdomen pretty thoroughly. The operation had to be repeated several times before the knotted intestine was straightened out. The cure was accomplished in a few days.—*Chicago Med. Rev.* Oct. 1.

### IRREDUCIBLE HERNIAS.—HYPODERMICS OF MORPHIA.

In the *Gaz. des Hôp.* Dr. PHIL. DE SAINT-MAUDÉ recommends the treatment of irreducible hernias with the hypodermic injection of muriate of morphia. Already, in the year 1877, Phillippe reported three cases, in which, after repeated and fruitless endeavors to induce taxis, the reposition of the hernia became possible on the hypodermic injection of the remedy mentioned. Phil.'s pupil, Boussenet, has now published an article in which he reports five new cases. In all of them reposition became possible after five to six drops of a two per cent. solution—repeated every fifteen minutes till success was complete—had been injected under the skin over the hernia. These were all cases in which all previous attempts at taxis had been useless, and in two of the cases symptoms of strangulation had already made their appearance.

As there cannot be any possible danger connected with these hypodermic injections, if performed with the usual care, it would be well to try them in all such cases, before proceeding to an operation which, under the most favorable circumstances, will always be attended with more risk than a successful taxis. The question in our mind is only this, if it would not be far better, after *one* fruitless attempt at taxis, to have recourse immediately to the hypodermic injection of morphia, instead of making repeated useless trials, which can only make the latter success more doubtful, and irritate the parts more than seems necessary.—*Med. and Surg. Rep.*, Sept. 2.

### STRANGULATED HERNIA.—WOUND OF INTESTINE.

A woman, aged 35, who had for many years had a right inguinal hernia only imperfectly kept up with trusses, and who three months previously had

had an abscess over the hernial sac, was admitted into the Necker Hospital under M. Trélat with all the symptoms of strangulation of the hernia. As taxis had already been tried, M. Trélat had her at once anæsthetized, and, after a further attempt at taxis, operated. On opening the sac he found the intestine bound to the sac by old adhesions. He proceeded to dissect through these adhesions, and while so doing the gut ruptured. The dissection was proceeded with, and then the wound in the intestine was closed with seven interrupted sutures, and, after careful cleansing of the parts, the gut was returned, the sac excised, and the wound closed by deep and superficial sutures. Next day the patient passed a motion. The wound healed by first intention, the drainage-tube was removed on the fourth day, and the patient recovered without any complication. This case is very encouraging, for the congested state of the intestinal walls was not favorable to rapid healing of a wound in it or to tolerance of sutures.—*Lancet*.—*Med. News*, Sept. 23.

#### STRANGULATED HERNIA TREATED BY BELLADONNA.

Mr. SMITH BATTEN (*British Med. Jour.*) reports two cases of strangulated hernia treated successfully with tincture of belladonna (B. P.). In one the drug was administered in half-drachm doses every half hour, until the specific effects were manifest, and in the other, "scruple" doses every hour. We have seen full doses of opium produce the same effect.—*Med. Record*.

#### INFLAMMATION OF THE CIRCUM-ANAL GLANDS.

While operating for piles lately at the Soho Square Hospital, Mr. Reeves took the opportunity of demonstrating to the visitors present an affection of the circum-anal glands, which is sometimes mistaken for fistula. These glands become the seat of inflammation, and get over distended. A probe introduced through the small orifice shows that the cavity burrows for about half an inch in various directions. The best treatment is to slit them up and then to touch the exposed surfaces with nitrate of silver. Curiously, this small source of irritation is not described in any of the books on surgery.—*New Eng. Med. Monthly*.

#### URINARY AND GENERATIVE ORGANS.

##### HYDRONEPHROSIS.—ABSCCESS.—CAUTION.

In a woman, aged sixty, a tumor of the size of a child's head was at different times observed to reappear and disappear in the right side of the abdomen. The case is reported by Dr. Landau, in the *Arch. f. Klin. Chirurg.*, xxvi, p. 776. A trial-puncture was first made; the fluid discharged was found to be rich in cholesterin. A second one resulted differently, as now in the fluid were noted, besides a large quantity of urea, traces of uric acid. The fluid the second time was opaque. The radical operation was then made, and it was observed, that besides the pyonephrosis, into which (on account of want of antiseptic precautions ?) the original hydronephrosis had been changed, there existed a perinephritic abscess, which had to be opened and so brought in direct communication with the wound in the kidney, the latter certainly being a floating one. The final result, however, was favorable; undoubtedly better than when, under these circumstances, the floating kidney should have been extirpated.

In connection with this we wish to draw the attention of our readers to the deplorable negligence with which often a trocar is used. We read, that



occasionally after paracentesis peritonitis has followed; that a pleuritic serous exudation after thoracentesis changed into empyema; and that even the tapping of a hydrocele brought on an attack of erysipelas. If the trocar in these cases had been examined, it would have been found full of bacteria. Such an instrument should be placed for ten minutes at least in a carbolic acid solution (gr. vj to  $\frac{3}{4}$  j water, never oil or alcohol, as that gives an inert fluid), and the whole procedure should be made, as much as possible, under antiseptic precautions. Then such accidents as the above cannot happen.—*Med. and Surg. Rep.*, Sept. 30.

### NEPHRECTOMY FOR STRUMOUS DISEASE OF KIDNEYS. CAUTION.

The following case, recorded in the *British Medical Journal*, by Dr. Thomas Cole, illustrates how inaccurate may oftentimes prove the most painstaking diagnosis: A boy of eighteen was admitted into the hospital with the following symptoms: Micturition necessary every two or three hours by day, less often at night, and pain at end of penis after conclusion of act. Urine below normal density, and contains abundant albumen, blood and pus, but no casts nor crystals. No renal tumor perceptible. The diagnosis was scrofulous pyelitis. Rest, good food and tonics materially improved his condition. He subsequently became worse, and a slight enlargement of the right kidney could be detected. Growing rapidly worse, it was decided to perform nephrectomy, but on the day before that set for the operation he became much worse and died. At the post-mortem, the right kidney, which was supposed to be the seat of the disease, was found only slightly enlarged, containing numerous abscesses but no inflammation of pelvis, while the left kidney (which, in the event of operation, would have been relied on to perform the work of two), consisted only of dilated calices, and had almost disappeared, weighing only one ounce and a half, and measuring two and a half inches in length and one in breadth. It was surrounded by an abscess, which extended down beneath the psoas fascia to Poupart's ligament. Had the operation been performed, it would have been necessarily immediately fatal.—*Med. and Surg. Rep.*, Sept. 23.

### SUPRA-PUBIC LITHOTOMY.

M. LE DENTU reports a successful case of supra-pubic lithotomy in a man aged 71 years, and gives the following *résumé* of his views concerning the operation:

1. Previous distention of the rectum and bladder facilitates the finding of the latter; in subjects affected with inertia of the bladder, the distention should not be pushed too far.

2. The employment of the thermo-cautery will usually prevent infiltration of urine, and favors adhesion between the soft parts and the vesical wall.

3. It is important not to disturb the fatty tissue generally found in the retro-pubic space, and not to incise the bladder behind the pubis, as recommended by Velpeau. Slight tension on the skin, from below upward, facilitates the separation of the peritoneum and permits of safely enlarging the wound.

4. The use of M. Anger's vertebrated conductor, pressed against the anterior wall of the bladder, gives a good point of support for the thermo-cautery or bistoury.

5. Suture of the soft parts, not including the bladder, should be absolutely avoided, with the exception of one or two superficial stitches to diminish the size of the wound in the skin.

The suture of the bladder, together with the abdominal walls, is dangerous; since, if the stitches pull out of the bladder, infiltration of urine under the superficial layers will be sure to occur. It is especially dangerous in the aged,

since it necessitates the use of the retained catheter, or repeated catheterization, both of which proceedings are attended with great danger.

It offers the same disadvantages in adults and children, and perhaps does not even have the advantage of facilitating cure.

It is, however, advisable to insert a stitch at the inferior angle of the vesical wound, and one or two stitches laterally at each side of this angle, so as to unite the musculo-fibrous layers of the bladder, and prevent the passage of urine into the retro-pubic space.

6. The means proposed for conducting the urine through the urethra are useless and dangerous. The insertion through the abdominal wound of a double siphon formed of rubber tube, pierced with holes in the sides, ensures the removal of the entire quantity of urine formed.

7. The retained catheter should only be employed when the patient is out of danger; unless there is some special indication for its use, it should not be used in the first few days after the operation.

In some cases it is to be preferred to repeated catheterization, while in others the reverse holds. In all cases its use must be frequently suspended, since patients usually have great difficulty in learning to tolerate it.

By means of these precautions it is thought that the danger of the formation of a urinary fistula is reduced to a minimum.—*Gaz. Méd. de Paris*.—*Med. News*, Sept. 2.

## DIAGNOSIS AND TREATMENT OF TUMORS OF THE BLADDER.

The case of successful removal of a tumor of the bladder reported by Sir Henry Thompson at the last meeting of the Royal Medical and Chirurgical Society will no doubt awaken fresh interest in this important subject. We will not here repeat the many points dwelt on in the subsequent discussion, but would refer to two only—the difficulty of diagnosis, and the safety of Sir Henry's operation. All the speakers touched upon the former, none questioned the latter. From the discussion and records of cases it seems evident that while there are few removable bladder tumors, and many unremovable ones, which can be reasonably diagnosed to be such during life, there is a large number of cases in which with only his present means, the surgeon must remain in doubt. All that is wanted in these cases is to be able to *feel* the tumors. In the female, where the finger can be easily passed through the urethra, and the whole interior of the bladder explored, the diagnosis of these tumors can, we presume, always be made. Sir Henry Thompson will have done great service by his paper if it helps to draw attention to the ease and safety with which the male bladder can be thoroughly explored through a wound from the perineum into the membranous portion of the urethra. Such a wound does not interfere injuriously with the neck of the bladder, is easily made with precision, and heals readily. Every part of the viscus can be explored through it, without violence or risk, and medium sized tumors, at any rate, can be removed through it. Whether the median incision into the urethra be the best for removal of tumors in all cases, we are not now anxious to show; its superiority over others for the purposes of diagnosis we venture to think none would question, and we would recommend that in any case where a tumor of the bladder is reasonably suspected, and where other means of examination have not demonstrated that it is unsuitable for removal, the bladder should be explored by this safe and efficient means.—*Lancet*.—*Gaillard's Med. Jour*.

## WOUNDS OF THE BLADDER.

Dr. E. VINCENT (*Lyon Médicale*) has after numerous experiments on wounds of the bladder arrived at the following conclusions: Immediate suture of the bladder leads to union almost invariably even in gunshot wounds. Laparotomy and later suture often lead to union in the first ten hours. Laparotomy and vesical suture should be practiced as soon as possible when the bladder has

been punctured and effusion of urine into the peritoneal cavity has occurred. The sub-public operation should not be practiced: After a second series of experiments he concludes that contact of urine with the peritoneum does not result in the fatality usually regarded as its natural consequence.—*Gaillard's Med. Jour.*

### FISSURE OF THE NECK OF THE BLADDER.

M. REGINALD HARRISON thinks that fissures commencing in the prostatic urethra, and involving the vesical orifice, are frequently causes of irritable bladder. The symptoms of fissure of the vesical orifice are analogous to those observed elsewhere. There is pain on micturition, and a sensation of contraction and dilation at the close of the act, accompanied with a sharp stinging pain behind the scrotum, which is very significant. Occasionally a few drops of blood escape as micturition terminates. The pain varies in degree in the same patient, being intense when the urine is highly acid and less so when it is neutral or alkaline. Examination of the prostate by the rectum invariably produces on pressure a sharp sensation as if a knife were piercing the gland. Similarly, the passing of a sound in the bladder is distressing. Occasionally these cases are referred to some gouty or rheumatic disorder; by the French the term *contracture du col vésical* often includes them. When this affection is considered to be traceable to either gout or rheumatism, the patient is almost invariably placed on an alkaline treatment with decided advantage, for the reason already mentioned. The improvement is, however, only temporary, and is directly traceable to the altered reaction of the urine. Vesical fissure is, however, seldom cured, though it may be palliated by such means; in addition, rest and the application of a weak solution of nitrate of silver directly to the prostatic urethra are sometimes effectual.

On more than one occasion Mr. Harrison has succeeded in effecting permanent benefit by temporarily paralysing the sphincter action of the neck of the bladder. The relief that immediately follows cystotomy in vesical fissure, otherwise irremediable, justifies the risk of such a proceeding, which is considerably less than that attending many other operations more frequently and less hesitatingly performed.—*Liverpool Medical and Surgical Journal.*—*Medical News.*

### STONE IN CHILDREN.—INCISION OF THE TRIGONE.

The *Edinburgh Medical Journal* says that SONNEBURG, in *Centralblatt für Chirurgie*, states that this operation has been twice successfully performed in children. It is necessary that the calculus can be felt through the rectum, and that during anaesthesia it can thus be felt and drawn backward. The patient, being slightly narcotized, stands in front of an attendant, resting his head and shoulders in the latter's lap. The operator then introduces his forefinger into the rectum, pushes the peritoneal fold upward (apparently easily felt?), finds and grasps the stone, and draws the latter backward toward the gut. A vertical incision upon the stone is now made as far as the edge of the prostate, and the calculus is pressed through the wound. On the bladder resuming its normal position the incision is found to be very small. The attendant hemorrhage is slight, and the fistulae healed in from 17 to 35 days. This method has the advantage of leaving the sphincters, the prostate, and the urethra intact, and seems to resemble the old method of Celsus. It has not yet been tried in the case of adults, and experience only can decide whether the fistulae always heal as well as in the cases cited.—*Med. and Surg. Rep.*, Oct. 7.

### METHOD OF DETECTING SMALL STONES IN THE BLADDER.

Dr. S. CUTHBERTSON DUNCAN has used for about three years the following method of detecting stone when small or in fragments. He takes a nickle-plated sound, such as is used for that purpose, and holds it over the flame of

an ordinary lamp or candle until the point is covered with a thin black film. After it has become quite cool it is dipped in a solution of collodion and allowed to dry. He then oils it with castor oil and introduces it a short distance in the urethra and withdraws it to see if it be injured. If not he proceeds to explore the floor of the bladder with a sweeping lateral movement. If there be a stone or any fragments left after lithotrity its black covering will be removed in patches and the bright metal will show through. The author thinks this more delicate than Napier's indicator, the point of which is made of lead, blackened by chemical agents, and this very method does not impair the conducting power of the sound in any degree. A short-beaked solid-steel sound is preferred, with a round handle, which has a flat disk about two inches from the end, at right angles to the curve of the beak, to serve as a guide for the direction of the point. The round handle allows it to be rotated between the index-finger and the thumb, the most sensitive part of the hand—two things necessary for rapid and delicate manipulation. —*British Med. Jour.—Med. Summary, Sept.*

#### ORCHITIS.—TOBACCO AND FLAXSEED POULTICE.

I know of no remedy that will allay the pain, and subdue the inflammation of a swelled testicle so effectually, as a tobacco and flaxseed meal poultice. The application was used by some New York surgeons long before it became much known, and Van Buren and Keyes have probably done more than any others to spread the knowledge of its use. A hot flaxseed meal poultice to which has been added previously, about half a paper of fine cut chewing tobacco, should be applied fresh two or three times a day, until the swelling and pain subside. A piece of oil silk should be placed outside the poultice to prevent evaporation. This poultice gives relief quickly, and in the course of a few days, the swelling is so reduced that an ordinary suspensory bandage may be worn with comfort. —*Medical Times.*

#### DIAGNOSIS OF VESICAL CALCULUS.

VOLKMANN's investigations (*Centralblatt f. Chir.*, No. 11) on the diagnosis of stone in children is of importance to the general practitioner as well as to the surgeon especially interested in the treatment of these cases. He states that the rectal bimanual examination for stone is of great value. The patient is thoroughly placed under the influence of an anæsthetic until the abdominal muscles are completely relaxed. The bladder is to be empty or but slightly distended; two fingers of the left hand are to be carried as high up into the rectum as possible; the right hand presses upon the abdomen above the symphysis pubis and forces the bladder down toward the rectum until both hands meet. In this way even small calculi can be readily detected, but it needs considerable practice and experience to determine the size of the stone. Volkmann finding at first that the stone turned out to be larger on extraction than he had expected on examination, although distinctly feeling it between his fingers. The best way to determine the size is to lift it up on the os pubis and hold it there; this Volkmann has done in his last four cases, the last stone which he palpated in this manner being as large as a chestnut. —*Boston Med. and Surg. Journal.*

#### SCROTAL TUMORS.—DIAGNOSIS.

Prof. W. W. DAWSON at the Good Samaritan Hospital clinic said:

There are a great variety of scrotal tumors, *sarcoma, hydrocele, hernia, varicocele, scirrhous infiltration, cystic degeneration*. The diagnosis is usually easily made. A hernia is traced from the inguinal region and pushes the testicle before it. Varicocele is made up of hardened knotty veins and seldom

reaches the bottom of the sac. Malignant tumors are so irregular that they are easily recognized. Cystic degeneration manifests itself by irregularity of outline also, but there is an elasticity in the irregularities, whilst in the malignant the nodules are hard and bone-like.

There is, however, often trouble in deciding between a benign, solid testicle and a well, tensely filled sac, especially when the fluid, as it often is, is colored by hæmatin; both are dense, heavy and painless. I am, of course, speaking of chronic enlargements; acute orchitis is so pronounced that you can hardly err. Often in these chronic cases you may be compelled to resort to aspiration, to the hollow needle, to determine the consistence. Hydrocele is by far the most frequent of scrotal tumors, it originates mostly from a trauma, and occasionally it is congenital.

The tumor before you is found in a man in middle life. It followed an injury. It is about the size of an orange, elongated not circular, it is elastic and fluctuates. When I place the flat end of the stethoscope upon it and look through the trumpet-shaped extremity, I discover a translucency. This settles the question. The tunica vaginalis is filled with serum. This plan is as satisfactory as placing the scrotum between a light and the observer. Two days ago I evacuated a cyst by the side of this one, withdrawing about six ounces of fluid, showing a double cavity, an unusual condition. Where the fluid is turbid, or composed, or colored by blood, the light is not transmitted.

Treatment—Evacuation. Then by means of the point of your needle, or the injection of an irritating fluid, you produce inflammation in the sac. You may accomplish the same by rubbing the sac upon itself. Again, you may produce absorption by the injection into the fluid of alcohol. Incision or the seaton are more radical.—*Un. Lan. and Clin.*, Oct. 7.

#### AMPUTATION OF SCROTUM FOR LEPROSY.

In the *Glasgow Med. Journal*, Dr. GEO. A. TURNER reports 136 operations for removing the scrotum performed by him during a residence of 12 years in the Samoan Islands, where leprosy is very prevalent. The size of many of the tumors was remarkable. One measured 30 inches in circumference at the knees, and hung down nearly to the ankles, and weighed 77 pounds. Two others weighed 80 pounds each, one measuring 40 inches, the other 54 inches in circumference. One attained a weight of 54 pounds in the course of two years, though they were generally many years in gaining a considerable size. Of the other tumors removed, one weighed over 50 pounds, three over 40 pounds, and the rest varied from 37 pounds to 7 or 8 pounds. Of the whole number he lost only two cases, one from an obstinate diarrhoea, the other from a fever. In these two cases the tumors weighed 10 and 15 pounds respectively.—*Detroit Lancet*, Oct. 4.

#### TUMORS OF THE SPERMATIC CORD.

Prof. WILLARD PARKER, in the *Medical Gazette*, gives five cases of tumor of the spermatic cord. In the first case the tumor was situated in the left side of the scrotum, and it was at once supposed that the testicle was involved. The size of the tumor was about that of a gallon keg, the skin being freely movable over it. It was readily enucleated and found to weigh fourteen pounds and ten ounces. The testicle was found below it a little softer and smaller than normal. The growth returned in loco, but after the second removal, the patient remained in good health until the advanced age of eighty-six. The other four cases presented similar features, and in all of them but one, there was neither recurrence nor metastasis. While these growths did not return, it must not necessarily be inferred that they were benign; still, the absence of secondary growth conjoined with freedom of the lymphatics from contamination would incline one to the opinion that the neoplasms were innocent. Dr. Parker would have no hesitation in giving an extremely favorable prognosis in similar cases.—*Chicago Med. Rev.*, Sept. 1.

## GONORRHEA SUPPOSITORIES.

Dr. D. W. C. WADE considers this affection to be a fermentative disease. He proposes the following plan of treatment, which has a very strong support from a clinical standpoint. Take of:

Powdered iodoform, 23; subnitrate of bismuth, 23; hydrate of chloral, 15 gr.; morphia, 5 gr.; Oil of rose geranium, 20 drops; cacao butter, 1  $\frac{3}{4}$ .

Mix and divide into twenty-four suppositories one-eighth of an inch in diameter. Directions, one to be pushed into the urethra three times daily.—*Druggists' Cir., Sept.*

## ITALIAN TREATMENT OF BUBO.

The *Revista de Ciencias Medicas* gives the following account of a case of bubo treated according to an Italian method: The chancre at the end of several days had almost cicatrized, and the bubo presented fluctuation. The patient was placed in the dorsal decubitus, with the extremities semiflexed. The tumor was grasped at its base and pressure exercised. With a straight bistoury of narrow blade a puncture was practised at the highest point. The instrument being withdrawn and the pressure still kept up, the contents of the abscess were evacuated *ad maximum*. A solution of cupric sulphate (30 ctgrs. to 30 grammes) was then injected in sufficient quantity to cause the abscess to regain its primitive size. After two minutes the liquid was allowed to escape and a graduated compress applied. An inguinal bandage was adjusted to keep up moderate compressure. On the following day there was slight tumefaction without pain, and the edges of the incision had united. Four days later the small wound had cicatrized without pain or increase of volume. Compression was then suspended and the patient discharged.—*Med. Record, Oct. 21.*

## TREATMENT OF STRICTURE BY ELECTROLYSIS.

Dr. ROBERT NEWMAN, in *Med. Record*, gives an extended account of the treatment of stricture by electrolysis. The mode of procedure is as follows: The bougie is covered with an insulating substance excepting the end, which is to be the negative electrode. The positive electrode is placed on some indifferent spot. The current need not, and should not, be too strong. Six to eight cells are ample. The séance need not exceed ten or fifteen minutes. No force should be used, the bougie being simply applied to the stricture, which will slowly yield to the electric influences. The doctor claims greater permanency from this treatment than from dilatation by a series of steel bougies, with which the connective tissue is only stretched.—*Chicago Med. Rev., Sept. 1.*

## SYPHILITIC AFFECTIONS.

## SYPHILIS AND ALCOHOL.

In a recent memoir published in *la France Médicale*, M. BARTHÉLEMY calls attention to the exceptional gravity of syphilitic skin eruptions in patients addicted to the habitual use or abuse of intoxicating liquors. The observations which he gives were all collected while the author was chef de clinique in Fournier's service, and relate exclusively to the waiter girls employed in "brasseries," who receive the name of "inviteuses," because it is their business to have as much liquor ordered as possible. In the pursuit of this métier, they are obliged to drink large quantities of intoxicating liquors; one of them absorbed in one day forty-two glasses of beer, five liquors and one

"grog American;" this, of course, was an exceptional case; but most are continually drinking, in order to incite customers to order for them. When these girls contract syphilis, every symptom, even the primary chancre, is of gravity. In one case the eruption did not disappear from the cutaneous and mucous surfaces for ten years. The chancre in one case spread and became as large as a silver dollar, and was surrounded with an extremely indurated border, and notwithstanding treatment, the chancre lasted three months. In another case (Obs. III) the chancres were still present when a generalized papulo-hypertrophic eruption appeared over the whole body.

It was remarked also that secondary and tertiary eruptions appeared much more rapidly, were of greater intensity and of longer duration.

The moral is obvious; according to one of themselves, "almost all the 'filles de brasserie' are affected;" and the same is undoubtedly true of the waiter girls in the bar-rooms which disgrace our large cities.—*Med. and Surg. Rep.*, Sept. 2.

### SYPHILIS OF THE HEART.

Only nineteen cases of this rare affection have been hitherto described. To these B. Teissier (*Annals de Derm. et de Syph.*, 2me ser. t. iii, No. 6) adds another, essentially as follows: A prostitute, 27 years of age, in the third year of syphilis, which, however, had only manifested itself in the form of buccal mucous patches, was suddenly seized with dyspnoea, followed by asphyxia and death within twenty-four hours. The autopsy showed extensive involvement of the anterior walls of the right ventricle in its upper half, the muscular tissue of which seemed to have become entirely transformed. The thickness of the cardiac wall appeared about normal, but it seemed of a peculiar light gray color, and its consistence much firmer. Section showed numerous milk-white lentil-sized nodules, both in the cardiac walls and elsewhere. These presented a caseous appearance, but were in reality of quite firm consistence, showing no trace of softening even in the centre.

In addition to the interstitial myocarditis and the gummatous deposits, there were considerable vascular alterations in the form of peri-arteritis, endo-arteritis, etc.—*Archives of Dermatology*.

### SYPHILITIC AFFECTIONS OF THE JOINTS.

SCHÜLLER (Congress of German Surgeons v. *Centralblatt f. Chir.*, 1893) classifies these affections as, first, those following acquired syphilis. (a). Acute, with serous effusion accompanying an eruption of the skin. (b). Acute, sub-acute, or chronic, with serous effusion accompanying the later stages of tertiary, characterized by a papillary growth on the synovial membrane, and sometimes by ulcerations and cicatrices of the cartilage. (c). Arthritis secondary to gummata of the joints. (d). Arthritis secondary to or accompanying periostitis, ostitis, or osteomyelitis.

Second. In hereditary syphilis. (a). Subacute serous inflammation of the joint with swelling of the capsule without change in the bone, but with some change in cartilage. (b). Arthritis following gummata. (c). Arthritis following periostitis, ostitis, etc. (d). Arthritis secondary to syphilitic inflammation of the epiphysis. A specimen was shown taken from a woman forty-nine years old, with characteristic syphilitic lesions. A small quantity of cloudy, reddish fluid was found in the knee-joint, and papillary growths on the synovial membrane. Oval superficial ulcerations were found in the cartilages, some of them cicatrized.—*Boston M. and S. Jour.*, Oct. 12.

### SYPHILITIC REINFECTION.

C. PELLIZARI, of Florence (*Lo Sperimentale*), reports the case of a man who consulted him with phymosis, preputial discharge and enlarged inguinal glands following suspicious intercourse. Marked induration of corona followed and in time a macular syphilide preceded by osteopic pains. He said

he had suffered with venereal sores ten years before and had also then infected his wife whose child also showed signs of syphilis soon after birth. Prof. P. Pellizari had attended this woman seven years before for syphilitic perforation of the septum nasi. About six weeks after the man came his wife was examined; an indurated sore was found on the fourchette and there were enlarged inguinal glands. A month later a macular-papular syphilide appeared. Clear proof is here afforded of two attacks of syphilis in this woman. She suffered severely in her second attack although almost continually under treatment for the previous ten years. The man's attacks were both mild.—*Lond. Med. Record.*—*Maryland Med. Jour.*, Sept. 1.

### MUCOUS PATCH.

Clinic of Prof. DUNNING.

The next patient, a young man, about twenty-five years of age, has been under treatment about six months for a papulo-squamous syphiloderm, and mucous patches; the primary lesion having occurred about a year ago. We have not seen him for some time. As is usual in these cases, after the symptoms have disappeared under treatment, the patients regard themselves cured, and cease their visits. In this case the eruption has entirely disappeared, but he returns to us with a mucous patch, the size of a dime, irregular in outline, occupying the inner surface of the right side of the lower lip. It made its appearance three months ago, he says, and is continually increasing in size.

The treatment to be employed for mucous patches is the local application, by means of a camel's hair brush, of the acid nitrate of mercury, in the strength of one part to eight or ten of water; or a solution of nitrate of silver, ten or twenty grains to the ounce. Internally, we will give him the protiodide of mercury, in doses of one-sixth or one-fourth of a grain. The mercurial treatment should be continued for one or two years, and we always earnestly advise this, though we know our advice may not be heeded.—*Med. and Surg. Reporter.*

### SYPHILITIC MENINGEAL IRRITATION.

Under this title, Prof. E. LANGE describes a group of symptoms, consisting of pain distributed over the entire cranium or limited to the frontal or occipital region, frequently in the form of painful band from one ear to the other, or of a constriction of the head horizontally. In one case it appeared as an occipital neuralgia; aside from this vertigo, loss of appetite, occasionally vomiting, and mental depression were present. These conditions are of comparatively short duration. They occur as early symptoms of syphilis. Ophthalmoscopic examination of cases of beginning syphilis, examined at the author's suggestion by Prof. Schnable, revealed, with considerable frequency, retinal irritation of varying intensity, an inflammatory process of the retina or choroid, or of both together, without complaint of ocular trouble by the patient. On this slender basis Prof. Lange constructs his theory of meningeal irritation, namely, that in these cases there exists a condition of hyperæmia, or very slight meningitic conditions bordering on inflammation of the membranes. He holds, with Hutchinson, that syphilis proper is concluded with its earlier symptoms, and that the so-called later forms are to be interpreted as sequelæ, as in the case of the acute exanthemata, the syphilitic contagion having so changed the tissues that for years external influences continue to excite pathological changes of a gummatous nature.—*Vierteljahr. f. Dermat.*—*Archives of Dermatology.*

### CORNIL ON HYPODERMIC INJECTIONS OF MERCURY IN SYPHILIS.

Within the last twenty years hypodermic injection has been employed. Hebra, Hunter, Scarenzio, Lewin, Aimé Martin, Liégeois, Dron and Diday have used it with success. Of all the different methods of giving mercury this is assuredly the one by which a certain determined dose can most readily be made to enter the system, and which causes the most immediate modifica-



tions in the syphilides. This method is largely employed in many large special hospitals, especially at Milan, Vienna, Stockholm. Injections were made by Liégeois twice daily, using a very weak solution; he introduced but  $\frac{1}{16}$  to  $\frac{1}{8}$  grain at each puncture. Stronger injections, such as Lewin employed, were only given at intervals of two days. Injections should be made in regions rich in connective tissue and poorly supplied with vessels and nerves, as the back, buttocks, scapular region, external aspect of the arm, etc. The inconvenience attending this form of injections is that at times they cause considerable pain, and are very apt to give rise to small subcutaneous abscesses, all the salts of mercury, especially the bichloride, being irritants. To guard against these accidents it is necessary to take the precaution to introduce the needle sufficiently deep into the subcutaneous connective tissue, and not to insert it twice in the same place, or very near a former puncture. Furthermore, it is also well to use at once a systematic method of massage over the small swelling caused by the injection. Bergh, of Stockholm (oral report), has never had any bad symptoms or abscesses caused by the hypodermic injections, because he has always resorted to massage in every case.—*Maryland Med. Jour.*, Sept.

## AFFECTIONS OF THE EYE.

### NUCLEAR-MUSCULAR PARALYSIS OF THE EYES.

The symptom-complex of this disease, as described in No. 16, III, 82, of the *Deutsche Med. Zeitung*, and as mentioned already by v. Graefe and others, is as follows:

When the general health is perfect and not in the least disturbed, a gradually progressing paralysis of at least all the muscles of the eyes (levator palpebrarum, superior included) develops itself. The bulbi are at the same time becoming more prominent. Some muscles may, however, be more paralyzed than others. The movement of the pupil and the power of accommodation are always intact. When the disease has reached its acme, the eyes are perfectly motionless. The malady is incurable.

Dr. Lichtheim, in Bern, (*Corr. Bl. f. Schw. Aerzte* I, 2, '82), who seems to have given this subject special attention, believes the cause of this disease to be an isolated affection of the motor oculi, of the abductors and the origin of the trochlearis, a lesion which affects uniformly a series of gray matters which are functionally connected with each other. He compares this complaint with bulbar paralysis (labio-glosso-pharyngeal paralysis), with which it has undoubtedly many points in common, only this eye disease never causes death. I. Hutchinson has observed seventeen such cases. Reports of post-mortem observations, with description of the brain, have not as yet been published.—*Med. and Surg. Rep.*, Sept. 9.

### NICOTINIC AMBLYOPIA.

Dr. MIGUEL SEGURA, in *La Clinica de Málaga (Medical Record)*, speaks of the resemblance of the amblyopia of alcohol to that of nicotine, but determines certain differential characteristics as follows:

#### IN THE ALCOHOLIC.

The attack is sudden, almost instantaneous.

Pupil is dilated.

Both eyes are equally affected.

Patients see better at night. A bright light disturbs them. Complain of chromatic phenomena and of disturbances due to spasm of the muscles of accommodation.

#### IN THE NICOTINIC.

The attack is slow and progressive.

Pupil is contracted.

One or both eyes may be involved; generally, however, one later than the other.

See better in the daytime. Do not complain of the other phenomena named.

The basis of treatment in nicotinic amblyopia is the enforcing of complete abstinence from tobacco. Recovery is favored by tonics, strychnine hypodermically, and by caffeine. The last named increases the activity of the circulation, and by exciting the nerve-centers overcomes the stupefying action of tobacco. Quinine and potassium bromide have yielded brilliant results, especially in the mixed amblyopia of alcohol and tobacco.—*Louv. Med. News., Sept. 2.*

#### DESTRUCTIVE OPHTHALMIA.—QUININE AND OPIUM.

In a letter to *The Lancet* Mr. J. C. Cameron, of the United Service Club, alludes to the fact that ophthalmia is endemic in Egypt, and calls the attention of the army officers, recently ordered to that country, to a terribly destructive form of ophthalmia which at one time assailed the troops in Ceylon. He says:

"The form of disease in question manifested itself at the season of intensely hot and glaring days, followed by cloudless cold nights—just what is likely to be met with in Egypt. A man would appear in the morning sick, report with what looked an ordinary smart attack of simple conjunctivitis; by evening visit the eyelid affected would be found greatly swollen, almost as dark as a piece of liver, extending far down on the cheek, hiding the globe completely, while from beneath it flowed a thick puriform discharge; the pain in the eyeball being described as excruciating, and such as to prevent any sleep. Next morning the man would relate that he had so remained, suffering acutely, till long past midnight, when all at once he fancied something like a "gathering" broke, a great flow of hot fluid followed, and he experienced immediate and continued relief, so that he would tell his little history with great satisfaction, and fancy his eye was on the high road to recovery. Some days would elapse before the subsidence of swelling allowed one to see the globe, and then it would be found the cornea had burst, and the poor fellow's sight was gone forever! Some unfortunates lost both eyes in this way, to my intense regret and mortification.

Having been a pupil of old Jacob's, and having emptied eye wards handed over to me full, I had rather a good opinion of my skill in that line until the disease I have described presented itself and defied all the recognised methods of treatment. No abstraction of blood, either local or general, relieved it; the use of nitrate of silver and all other collyria seemed, to say the least, quite useless, if no worse. Fomentations and the injection of tepid solution of muriate of ammonia beneath the lids gave some relief; but the real severe cases, if they did not end by altogether destroying vision, seldom left a useful, perfectly sound eye after them. The trouble, worry and annoyance that this outbreak gave, even in quiet cantonments, were very great; but how much worse would they be on service in Egypt!

The moral of my story is, that rather too late in the day I found out that full doses of quinine and of opium were the proper remedies for this horrible ophthalmia, it being apparently caused by the malarious poison which shows itself in so many protean forms; and I hope that this dearly bought experience may now be of use to my younger brethren whose troubles are all before them.—*Louv. Med. News., Sept. 9.*

#### BURNS OF THE EYEBALL.

In speaking of burns of the eyeball by chemical agents, Weinberg (*Rec. d' Ophth.*), takes up first the subject of burns from acids. He finds the accidents caused by mineral acids generally more severe than those caused by metallic oxides, because being liquids they spread much more easily and cause more extensive accidents. The accidents caused by the contact of the conjunctiva with acids vary according to the degree of affinity which the latter have for water and according to the extent of the surface of contact. When the agent is alkaline, as, for instance, quicklime, the results are much more

grave. Immediately after its introduction into the eye there is seen upon the conjunctiva a thick, white, adherent membrane, surrounded by a chemosis. Burns of the cornea are graver than those of the conjunctiva. When only the superficial layers are injured, the scar is white and transparent, but, when the whole cornea is involved, it is hard, white and opaque. Burns of the sclera are usually superficial, it being protected by the conjunctiva. As regards treatment, Weinberg advises first a careful removal from the eye of all trace of the chemical agent which may have entered it, and then dilution or neutralization of the agent, cold water syringing being the best means for this purpose, except in cases of burns by quicklime, where it should never be employed.—*N. Y. Med. Jour.*, Oct.

### EPIOCULAR SARCOMA.

ADAMŦK reports an interesting case of epiocular sarcoma in a woman. The tumor and eyeball were removed together, and it was then found that the posterior half of the globe was not involved in the growth. A microscopical examination showed that the case was one of circumcorneal melano-sarcoma in the highest stage of its development. These tumors have very little tendency to penetrate the eyeball. The inner layers of the sclera and cornea were not affected, so that the tumor could be detached without injuring the eyeball. The tendency to penetrate the globe is apparently less the more pigmented the growth. It is, however, difficult to say whether, by detaching the tumor from the eyeball; a reappearance of the disease could be avoided. In another case an episcleral melanoma was removed without disturbing the eye, and AdamŦk is convinced that the earlier this operation is undertaken the easier it will be. The etiology of these tumors can be explained only on Cohnheim's theory—that they develop from the remains of the primary ocular vesicle in cases of coloboma oculi.—*N. Y. Med. Jour.*, Oct.

### ACUTE CONJUNCTIVITIS CAUSED BY THE ELECTRIC LIGHT.

Dr. W. C. ROCKLIFFE records, in the *Lancet*, the case of a man who was engaged in adjusting the carbon points of a lamp of 3,000 candle power, without wearing the colored glasses commonly used to protect the eyes. As an almost daily occurrence the brilliancy of the spark causes more or less paralysis of the retina, or, to quote his own words, "he rarely is able to perceive the people walking on the footpath when descending the ladder from adjusting." Although this effect soon passes off, on this particular occasion, as he regained his power of vision (in about fifteen minutes) it was followed by rapidly increasing lachrymation, photophobia, pain and swelling of the lids, the whole symptoms being developed in thirty minutes. Having suffered from many slight attacks of a similar nature, he applied cold water, which previously had relieved him; but the pain and swelling increasing, I saw him the following day, apparently having suffered intense agony during the night. The lids of both eyes were very hot, red, swollen, and brawny, and level with the superciliary ridge, the swelling extending some little distance upward over the forehead. The pain was most acute in and around the eye. On raising the lids (which was a very difficult operation, the photophobia being so exceedingly intense) a considerable amount of lachrymal fluid gushed out. The conjunctival vessels were exceedingly large, and the eyeball a brilliant scarlet; cornea clear. All these symptoms yielded to a brisk purge and lead lotion in forty-eight hours. His fellow workman was similarly affected, but to a less extent.—*Med. and Surg. Rep.*, Oct. 14.

### ATROPINE AS A CAUSE OF GLAUCOMA.

Communications from Mr. SNELL and Mr. STREATFIELD, published in the *British Medical Journal*, call attention to the influence of atropine as used in ophthalmic practice in producing glaucoma. It would thus appear that the

employment of the "Liquor Atropiæ" and "Liquor atropiæ sulphatis" Ph. Br. (gr. iv. ad fl.  $\frac{3}{4}$  i) is capable of producing this disease in some cases. The experiments of Dr. S. Ringer show that mydriasis will follow the use of a solution so dilute that chemists would consider the atropine but a mere trace, and the editor recommends the dilution of the official solution with two or three hundred times its bulk of water.—*New Remedies*, Oct.

#### ENTROPION.—GAYET'S OPERATION.

GAYET recommends the following autoplasmic operation for entropion: For entropion of the external half of the upper lid he incloses the lid between the rings of Snellen's lid forceps, and then with a narrow knife he makes an incision in the tarsus just behind the ciliary margin throughout the entire length of the palpebral border that is to be rectified, making an oblique incision from tarsus to skin and passing behind the row of hair bulbs. The wound in the tarsus must be deep enough to give a raw surface of about four millimetres when its tips are separated. Then from its temporal end another incision of the same length is made to include all the skin of the lid parallel to the free border, and then complete this by another incision outward so as to circumscribe a narrow flap, which is afterward dissected up. In order that this flap may be sufficiently thick and well-nourished, it should include all the tissues down to the tarsus. By a slight twisting motion this flap is brought in to fill up the raw cilio-tarsal groove, and there fixed by a few sutures. If the entropion involves the inner or nasal part of the lid, the operation must be done in a reverse direction. If the entropion is total, and if all the lashes are inverted, Gayet thinks it better to do the two operations just described than to attempt to obtain a cure by involving the entire palpebral border in the autoplasmic operation, on account of the danger of gangrene. It is better also to do the two operations with an interval of a few days between them. Gayet uses as a dressing silk paper impregnated with oil of eucalyptus, covered with lint and a light bandage; and this dressing is renewed on the first or second day, according to the amount of discharge.—*N. Y. Med. Jour.*

#### APHORISMS ON TREATMENT OF DISEASES OF THE EYE.

Dr. CHISOLM, chairman of the Section of Ophthalmology, at the recent annual meeting of the Medical and Chirurgical Faculty of Maryland, lays down these aphorisms: (1.) Do not blister; in nine cases out of ten it is useless torture. (2.) Do not use nitrate of silver; in not one case out of fifty is it beneficial as generally prescribed. (3.) Do not use acetate of lead, for fear of leaving lead marks on the cornea. (4.) Weak astringents are the best remedies for affections of the mucous surface, combined with absolute cleanliness. (5.) Use weak solutions of eserine for corneal affections. (6.) Atropic solutions are essential for breaking up recent iritic adhesions. (7.) When in doubt call in a specialist. Eserine, he observes, is beginning to play a very conspicuous part in a great number of eye diseases, supplanting atropia to a great extent. The strength of its solution is one part in 200 of water. A drop of this in the eye on rising will, in photophobia and commencing presbyopia, sharpen the eye for vision for reading during the day. It is efficacious in all cases of increased tension of the eye, of which glaucoma is the type. In all corneal affections eserine has taken the place of all other remedies.—*Boston Jour. Chem.*, Oct.

#### INTRAOCULAR CYSTICERCUS.

In a paper (*Arch. Ophth.*) upon the operative treatment of intraocular cysticercus, Graefe asserts that the reason why so many operations fail is because the cysticerci either lie naked in the vitreous and present very excursive changes of location, or else, though still movable, they are sur-

rounded by membranous envelopes. The cysticercus is either subretinal, or lies free in the vitreous. If the latter is the case, it is fixed at some particular spot to the inner tunics of the eye, or it is constantly changing its location. Hence, before operating, it is very necessary to locate the parasite exactly. This is very difficult with any of the appliances at hand, and hence Graefe has devised a localizing ophthalmoscope for the purpose. Upon a circular concave mirror of nine inches focal distance, with somewhat larger opening (about  $1\frac{1}{2}$  inch in diameter), a narrow metallic arc, a graduated quadrant, is so fixed that it is freely movable around the ophthalmoscope, the opening of the latter being regarded as the center of rotation. The radius of this arc has a length of twelve inches, so that when the observer, during the examination, maintains a distance of twelve inches from the eye, the periphery of the eyeball and the movable perimeter arc are almost concentric the one with the other. While every rotation of the perimeter can be read off on a scale fixed on the edge of the mirror, there is a point of fixation for the eye under examination movable upon the arc, in the shape of a small, white, glistening ball. When the eye of the observer and of the patient are brought into the desired position, the latter, while the relative position of the heads remains unchanged, fixes the movable object upon the arc of the perimeter, and, by rotation of the arc and adjustment of the fixation object, is finally brought into the secondary position, in which the diseased focus advances into the center of the visual field of the observer's eye. Its meridional position can then be read off from the perimeter arc directly on the border of the mirror. By this method of examination the exact location of such a focus of disease, between the posterior pole and equatorial region, may be determined; and, as we know that the equator itself lies about twelve millimetres from the corneal margin, much is thus gained.—*N. Y. Med. Jour.*, Oct.

#### HEMERALOPIA IN JAUNDICE.

M. CORNILLON, of Vichy, (*Le Progrès Médical*, 1892, No. 23), having referred to a paper of his own in the same journal for last year, and one by Dr. Parinaud in the *Archives Générales de Médecine*, at about the same time, and to the inaugural thesis of M. Mouly, all describing cases of hemeralopia in diseases of the liver, adds three more cases, one of hypertrophy of the liver from gall-stones, one of hypertrophic cirrhosis, and one of atrophic cirrhosis. In the first only was an ophthalmoscope examination made; in that case the appearances in the fundus were, distension of the veins with black blood, not like venous blood, varicose dilatations on veins, slenderness of arteries, with peri-arterial and peri-papillary cedema, no pigmentation or hemorrhages. He states the hemeralopia varies with the jaundice, and is not found in liver diseases apart from jaundice. He thinks it is not uncommon, and is of grave significance. It is subject to variations and remissions. It is incurable, though in one case temporary benefit was obtained by eating raw bullock's liver.—*N. Y. Med. Record*, Oct. 21.

#### SARCOMA OF THE LACHRYMAL GLAND.

At the Amer. Ophth. Soc., Dr. GEORGE C. HARLAN, of Philadelphia, reported a case of sarcoma of the lachrymal gland forcing the eyeball downward, forward and outward. The patient was a man seventy years of age, in excellent health, and the tumor, which had been growing for four years, had never given the slightest pain. It was as large as a hen's egg, and had completely dislocated the ball, forcing it downward, forward and outward. The top of the equator was below the level of the pupil of the other eye. Removal was entirely accomplished, as there was no adhesions, and two weeks after the operation the eye had nearly resumed its normal position. Vision, which had only been quantitative, was improving. Microscopical

examination showed the growth to be a spindle-celled sarcoma. Neoplasms of the lachrymal gland, particularly of a sarcomatous character, are considered rare. The points of special interest in the case are the entire absence of pain, and the external direction of the dislocated eyeball. An internal direction would be naturally expected, and is frequently included, as is also pain, among the diagnostic symptoms.

Dr. Knapp remarked that he had lately removed a similar large tumor of the lachrymal gland. Primary union took place, and the globe returned to its natural position, normally movable. There was optic neuritis after the operation, now slowly disappearing. The aspect of the cut surface was different from what he had seen in these tumors. It was homogeneous, purplish-red, of the consistency of flesh, no amyloid reaction. Immediate cursory examination with the microscope showed a scant amount of connective tissue fibres with many small round spindle-shaped cells. No indication of a glandular structure.—*Medical News*.

### ATROPINE VASELINE.

C. R. EGGMANN, M. D., writes: Atropine vaseline was first proposed by Goldzielier, of Budapest, and possesses numerous advantages over atropine sol. Where the myosis, ciliary irritation and injection and photophobia are so intense as to counteract the power of atropine sol., it is of the greatest importance to possess such a form as atropine vaseline. The application by means of a camel's hair pencil, or a small wooden spatula, to the outer portion of the lower lid, is easier and more certain than the instillation of the solution.

It is also useful in inflammation of the deeper structures of the eye, *e. g.*, iritis, cyclitis, etc., in which the long continued use of atropine sol. excites a conjunctivitis, combined with a diffuse dermatitis of the lids, cheek and forehead. In burns of the conjunctiva, it is the most rational and best remedy. It can be used in the same strength as the solution, from 1 to 4 gra. to the ounce of vaseline.

In writing the above prescription, give special directions to the druggist to rub it thoroughly.—*Detroit Clinic*.

### TREATMENT OF STYES.

As a means of "backing" a sty, Dr. J. P. McGee, of Tennessee, states that the practitioner can use to advantage the following treatment:—

R. Fl. ext. belladonnæ, gtt. iiij; aquæ pluv., ℥ij. M. Sig. A teaspoonful every hour.

At the same time he may give calcium sulphide,  $\frac{1}{2}$  or  $\frac{1}{4}$  gr. every hour, for five or six doses, then every three; although the belladonna is often sufficient alone. Remember, this is efficient only in the very early stage of the affection—within the first six or twelve hours. He will find it "back" at least three out of five.—*Med. and Surg. Rep.*, Sept. 16.

### SYMPATHETIC OPHTHALMIA.

Dr. S. C. AYRES reports three peculiar cases in the *Archives of Ophthalm.* In the first, the affection came on about a year after enucleation of the originally diseased eye. Examination showing that the stump of the optic nerve was painful, a resection was performed, when all sympathetic trouble disappeared, and seven years later had not returned.

In both the other cases, *persistent poulticing* was followed by relief of pain and ultimate recovery.—*Cin. Med. News*, Sept.

## AFFECTIONS OF THE EAR.

### OTHEMATOMA OR HEMATOMA OF AURICLE.

W. CHEATHAM, M. D., Eye, Ear and Throat Surgeon to Louisville City Hospital.

Mr. H., aged thirty, a tumbler by profession, presented himself at my office, February 8th, with a very large tumor of right auricle. He gave the following history: His companion in an act during the performance turns a somersault, lighting on his shoulders with both feet. On the night of the 7th, the companion's heel struck his right auricle, painning him considerably. The following morning his auricle was in the condition in which I found it. The blood was anterior to the cartilage. The sac was quite firm. By means of a large hypodermic syringe I aspirated, withdrawing about one and a half tablespoonsful of bloody water. I applied firm pressure. During the night the bandage came off, and the tumor was as large as ever next morning. I again aspirated, withdrawing about the same amount of similar fluid as drawn the day before. Again applied the pressure. The pressure was kept up (no more aspirating) for several days. By this means the tumor was reduced to about two-thirds of its original size. At this time he passed from under my observation, having to leave the city.—*Amer. Pract., Sept.*

### SUPPURATIVE OTITIS MEDIA.—DRAINAGE TUBES.

Dr. O. D. POMEROY, of New York, read a paper at Amer. Ophth. Soc., on drainage tubes in suppurative otitis media. In children it is often observed that in suppurative otitis media the meatus becomes so narrowed that it is difficult or impossible to cleanse or treat the ear. Incisions of the meatus to enlarge the calibre had failed; incisions behind the auricle to open into the tympanum had also failed, when a small tube of India-rubber was introduced into the meatus. When the canal was nearly closed it became necessary to pass a probe through the rubber tube, catching it upon its end and stretching it, so that its size was nearly reduced to that of the probe, in which condition it could easily be passed in the canal well down into the tympanum. When in position the rubber was allowed to resume its natural form, which it accomplished by drawing itself into the canal when the probe was withdrawn. After wearing these for two or three days, larger tubes became necessary, which often could be introduced without the aid of a probe. If granulations or polypus of the tympanum required treatment after the canal became dilated, the tubes were removed for this special treatment, after which they were returned. The reason for the successful treatment by these tubes is, 1st, the protection afforded the walls of the meatus from the aqueous discharge; and 2d, the gentle pressure of the elastic and dilating rubber tube. By this pressure granulations or polypi rapidly disappeared. Cases which had defied other means of treatment rapidly recovered in three to six weeks with very few relapses. The best instrument for the introduction of the tubes was a cylindrical probe with four deep notches made in its extremity. A few illustrative cases were given.

Dr. Orne Greene praised the ingenious way proposed to produce drainage, pressure, and dilatation. He had used pledgets of absorbent cotton with glycerine, with good success, though the action was slow. The proposed method offered great advantages on account of its roundness, elasticity and smoothness. In the treatment of such cases, however, drainage was not the most important; the chief aim to be desired was dilatation and pressure.

Dr. Pomeroy said that the irritation of the walls of the meatus depended upon pus, hence drainage became a very important factor in the treatment.

Dr. Knapp, of New York, has used for the purpose of preventing retention of pus and closing of the canal, perforated flexible silver tubes with a

flange. They are easily introduced and removed, cleansed and renewed. They may be worn for hours, days, or weeks constantly or with intermissions, according to circumstances.—*Medical News*.

### BOILER-MAKER'S DEAFNESS.

At the Amer. Ophth. Soc., Dr. E. E. HOLT presented a paper on boiler-makers' deafness and hearing in a noise. The opinion passed by Dr. Holt upon "boiler-maker's deafness" and "hearing in a noise," was based upon the examination of forty men from the shops for making steam-boilers, at Portland, Maine, and of all those who made the claim that they could hear better in a noise, amounting in all to over one hundred cases that had been examined, the investigation showed that the deafness incident to the boiler-makers was due more to the effects of the occupation upon the conducting apparatus of the ear than to the perceptive parts of the same organ, since they heard the tuning-fork, as a rule, as long or longer than the normal ear, even with the external auditory meatus closed. All men engaged in this occupation become more or less deaf, the degree and length of time elapsing before this occurs depending largely upon the tendency of the middle ear to catarrhal inflammation, which was excited by constant movements of the ossicles, and which, affecting the delicate joints, thereby producing ankylosis, was the cause of the deafness. In these and in other persons, who made the claim that they heard better in a noise, the apparent phenomenon was due to the more or less ankylosed condition of the ossicles, whereby more or less of the sounds given off in any noisy place were not received, constituting the deafness, and when the voice was raised, as it was invariably in such places, the sound produced by it was conducted by the sound transmitting apparatus with less confusion than by the normal ear, in which the ossicles must be in a to and fro movement, or else the innumerable noises would not be heard, and there would be no confusion of sounds.—*Medical News*.

### AURAL VERTIGO.

In a paper read before the Philadelphia County Medical Society, Dr. C. H. BURNETT presented the following conclusions on aural vertigo.

There are two sets of fibres in the auditory nerve, viz., the sensory and the motor.

The motor filaments are connected on one side with the cerebellum by means of the inferior peduncles, and on the other side with the nerve-filaments sent to the ampullæ of the semicircular canals.

Irritation of these ampullar nerves may be conveyed from either of the three parts of the auditory apparatus, or from the auditory nerve itself, in the mechanical form of pressure, and this irritation may be further conveyed to the cerebellum and cause vertigo; so that it logically follows that this reflex cerebellar phenomenon as produced by aural irritation should receive the general denomination of *aural vertigo*, and that Ménière's disease is only a form of aural vertigo. Hence the latter name, unless used after accurate diagnosis of a disease originating in the labyrinth—*i. e.*, in the semicircular canals—will create confusion. But it should be said in justice to Ménière, that so far as the writer knows, he has never claimed a general application of his name to all forms of aural vertigo. It has been so applied only by well-meaning but inaccurate diagnosticians.—*Phila. Med. Times*.

### OCCCLUSIONS OF EXTERNAL AUDITORY MEATUS.

Three cases of this are reported in the practice of Dr. S. SEXTON of New York. The first was in a man, æt. 39, who had suffered from occasional otorrhœa and tinnitus aurium, and who fell from a truck and cut his ear and



temple. Great swelling ensued and an abscess, which formed in front of the pinna, was opened. Six weeks later he complained of deafness, vertigo, distressing tinnitus and fulness in the ear. The meatus was occluded by a dense integumentary membrane except a minute aperture at upper and back corner just admitting a small probe. Through this a blunt-pointed tenotome was passed and a ring of skin  $\frac{1}{4}$  inch in diameter removed. Blood and thick pus escaped and two days later a wad of cotton-wool. Normal hearing was restored at once. The patient knew nothing of the introduction of any cotton-wool since he was 13, but it was evidently of more recent introduction. The meatus was dilated by a speculum and plugs of cotton-wool, without further symptoms. The second case was in a man, *set.* 62, who had been trodden on in boyhood by a horse and his ear severed from the skull. Being replaced it adhered but not accurately and the meatus was quite closed by the lower portion of the auricle. A tiny sinus opened in front of the tragus, from which thin matter and wax could be occasionally squeezed. The third case was in a girl, *set.* 13, who had a discharge for many weeks from the ear, to prevent her scratching which she was kept lying on it. As a result the raw parts about the margin of the concha adhered. The canal was closed by a diaphragm of skin at the junction of the cartilaginous and osseous portions. Should any signs of middle ear mischief arise, Dr. S. will open the canal without delay.—*Med. Med. Jour.*, *Sept.* 15.

#### ATROPIA FOR EAR-ACHE.

The most effectual treatment, and the one which has stood the test of years, says Dr. A. D. Williams in the *Chemists' and Druggists' Bulletin*, is the local application of a solution of the sulphate of atropia. Not a single case but has yielded at once. The solution is to be simply dropped into the painful ear and allowed to remain there from ten to fifteen minutes. Then it is made to run out by turning the head over, then being wiped with a dry rag. The solution may be warmed to prevent shock. From three to five drops should be used at a time. The strength of the solution must vary according to the age of the child. Under three years, one grain to the ounce, and over ten years, four grains to the ounce of water. In grown persons almost any strength may be used. All ages will bear a stronger solution in the ear than in the eye. The application should be repeated as often as may be necessary. Usually a few applications will stop the pain. In acute suppurative inflammation of the middle ear, and acute inflammation of the external meatus, atropia will only slightly palliate the suffering, but in the recurring nocturnal ear-aches of children it is practically a specific.—*Med. Record*, *Sept.* 30.

#### MEMBRANA TYMPANI RUPTURED BY DIVING.

Dr. H. AUGUSTUS WILSON in the *Medical News* relates two cases of rupture of the membrana tympani caused by diving. Traumatic rupture of the ear appears to be a rare occurrence, judging from statistics. In both cases the patients complained of hearing a loud noise upon reaching the water and afterward a loss of hearing. On examination, in each case the membrane was found with a tear in it. The treatment the Doctor gives as follows: First thoroughly drying the parts with absorbent cotton, then painting the membrane with collodion, mucilage of acacia, or some other unirritating substance might be used. The method of application is of more importance than the material used. The membrane should be delicately painted with collodion on a fine brush. As it dries the torn particles are brought into place. To prevent rupture when diving, it is necessary that the pressure upon the membrane should be the same within and without. To accomplish this, a full inspiration should be taken before diving; the mouth kept shut; and, to prevent the escape of air by the nose, the posterior nares should be closed by elevating the soft palate.—*Chicago Med. Rev.*

## FOREIGN BODIES IN THE EAR.

Of 4,940 ear cases, in 100 there were found 109 foreign bodies, especially beans and peas, or playthings, as glass beads. In one case a cherry stone had lain in the ear 42 years without causing symptoms until lately, when slight deafness resulted from the accumulation of cerumen, and the whole mass was evacuated with the syringe. Seventy-one of the 109 were removed with the syringe, the remainder with forceps, hooks or spatulæ. Extraction by the syringe is, as a rule, easy if used *at once*, and the author believes all with one exception—a splinter of wood—might have been thus washed out. Injudicious manipulation often drives the foreign body into the tympanic cavity. Should it then be impossible to grasp it, the author would separate the membrane, except the *pars flaccida* and dislodge it by frequent air-douches and Eustachian syringing. One case only terminated fatally. In a few the outer segment of the seed had to be bored with a paracentesis needle, a double hook applied and half of the mass brought away; the other half was removed with a small forceps. In one case a swollen bean in the tympanum was shrivelled and came away under the galvano-cautery. Other fruit-kernels were extracted with lever and curette. Injection of thick glycerine or of equal parts of ether and alcohol facilitates the operation by causing the foreign body to shrink.—*E. Zaufel, Prager, Med. Wochensach.—Méd. Med. Jour., Sept. 15.*

## AFFECTIONS OF THE SKIN.

## RHINOPHYMA.

According to Dr. HANS v. HEBRA (*Viert. für Derm. und Syph.*), histological examination shows the normal elements of the skin in a condition of distorted, irregular hypertrophy. The structures in which this hypertrophy is most manifest are the blood-vessels, connective tissue, and the sebaceous glands, notably the latter, which attain gigantic size, and become transformed into cyst-like bodies. The epithelial layers covering the papillæ are the only tissue not participating in the pathological process. Contrary to Wilson's opinion, the affection has nothing in common with elephantiasis Arabum. Rhinophyma never originates with, nor is accompanied by, inflammatory processes, while the true elephantiasis Arabum consists essentially in hypertrophy of connective tissue, due to repeated attacks of erysipelatous inflammation, and in the resulting chronic œdema of the parts. In elephantiasis the œdema, especially in the more recent cases, is so great that upon incision into the diseased tissues, large quantities of albuminous fluid escapes, which is never the case in rhinophyma. In the latter disease the tissues are not soaked with fluid like a sponge, but show infiltration merely of embryonic cells. In elephantiasis the corium and papillary layers of the skin take but little share in the pathological process, which is confined to the subcutaneous tissues, directly the opposite being true of rhinophyma, so that periostitis and consequent new formation of bone, so common in elephantiasis, does not occur in rhinophyma.

The treatment followed by the author with encouraging results, consisted in paring down the excrescences upon the nose, and carving as good a looking feature as possible out of the shapeless mass. By reason of the existing dilatation of blood-vessels, the bleeding is often excessive, but may always be controlled by compression. Subsequent treatment is symptomatic and antiseptic, the raw surfaces eventually becoming covered with a layer of sound epidermis, showing here and there only, traces of cicatricial tissue.—*Boston M. and S. Jour., Oct. 5.*

## MYXO-ANGIOMA OF THE SKIN.

Dr. C. HEITZMANN presented a communication (*Amer. Derm. Ass'n*) entitled *Studies on Myxo-Angioma of the Skin; Clinical and Microscopical*.

He stated that this disorder was purely local and was very common, being found often on what are considered to be healthy persons. It has been improperly called *teleangiectasis*, which simply means dilation of vessels, but this is actually a new growth of vascular tissue, and hence forms an *angioma*. A characteristic feature is that upon pressure the blood is emptied from the vessels, which afterward refill; in children they get quite dark during a crying spell, some are of a bright red, others of a more venous character. They are very rarely congenital, except those of a warty character. They may be stationary or growing, painless or tender, rarely ulcerating, but occasionally serious hæmorrhage may occur in this way. Billroth describes three varieties: (1) in the superficial layers of the skin, with much development of the capillaries, *simple angioma*; (2) where the glandular elements are involved, *lobular angioma*, and which may be composed almost entirely of capillaries, but may have also much arteriole structure; and (3) *cavernous angioma*, which is nearly all venous, the structure imitating that of the corpora cavernosa. When a section was examined microscopically it was found that surrounding the vessels were free nuclei, homogeneous basis substance and granular matter, presenting the characteristics of the *myxomatous* form of new growth, in which have been developed a number of new blood-vessels, produced by sprouting from the walls of the old capillaries, which at first are solid, as pointed out by Stricker, and afterward become hollowed out.—*Boston M. and S. Jour.*, Sept. 7.

## MYXEDEMA.

In the *British Medical Journal* GOWANS describes a case of that rare and curious disease which has been named *myxedema*. The patient was a woman sixty years of age. She was at first supposed to have Bright's disease, though the urine contained no albumen or casts. After a time the hair disappeared almost entirely from the head and axillæ. The face "was swollen, broad, and expressionless." The swelling was greatest above the eyebrows and around the eyes, where it formed a translucent bag hanging beneath each eye. The face was pallid, with a red flush on either cheek. The lips were swollen; the speech was "slow, difficult, and interrupted by frequent efforts of deglutition." Saliva trickled down the corners of the mouth when she spoke. From the nose there was a discharge of clear serum. There was considerable swelling about the back, most marked over the supra-clavicular triangles. "The hands were swollen, harsh, and livid, and did not pit on pressure." The feet were not much affected. The cutaneous surface was dry, and the hands and chest were rough, "like sand-paper." Around the middle part of the body there were "numerous brown warty spots, some of them as large as a sixpence." The hands felt stiff, and she could not "fathom her fingers," was unable to pick up pins, etc. Generally there was a condition of hebétude. She understood questions, but the answers were "slow and ponderous." She "seldom took part in conversation unless directly addressed." The gait was "awkward and staggering," and she "could not walk without the aid of some one's arm." She complained of constant pain in the top of the head, and "if she turned her eyes upward she fell down." There was a continual sensation of cold. The disease was always worse in winter. It had continued for ten years. The writer accepts Ord's pathology of the disease—to wit, that "there is a great increase in the interfibrillar mucin—the yielding cement of the skin—which, padding the touch corpuscles and nerve ends, interferes with the ready reception of peripheral impressions. The brain, thus receiving sensory stimuli slowly and imperfectly, falls into a state of increasing torpor."—*N. Y. Med. Jour.*, Sept.

## DIPHTHERIA OF THE SKIN.

In a monograph with the above title, Dr. D. J. VINFETOR BELLASARA sums up the subject in the following propositions: 1. Whether diphtheria attack the mucous membrane or the skin, it is essentially the same disease. 2. The different aspects which the local lesions present depend entirely on the tissues involved, and all the various manifestations are due to the same cause. 3. Diphtheria is transmissible by direct contact, and any part of the cutaneous surface deprived of its epidermis is susceptible to the poison. 4. It is generally believed that diphtheria depends upon the presence of minute organisms, but whether they are of animal or vegetable origin is not settled. 5. The cutaneous, false membrane may exist alone, and constitute the sole manifestation of the disease, but this is rare. 6. When the cutaneous manifestation has presented itself, general infection already exists. 7. Cutaneous diphtheria often assumes an excessively malignant form. 8. The cutaneous lesions are commonly followed by palatal or general paralysis. 9. Sudden death may occur from cardiac thrombosis. 10. The prognosis is grave. 11. Prophylaxis consists in perfect isolation in every case. 12. Blisters should never be employed in the treatment of any case of diphtheria. 13. In case of death all religious ceremonies in the presence of the body should be forbidden, and the corpse should be buried. 14. In the treatment of the local affection the cautery should be employed—sulphate of copper, nitrate of silver, the hot iron, or the thermo-cautery.—*El Sentido Católico en las Ciencias Médicas.—Med. Record, Sept. 23.*

## MULTIPLE SARCOMA OF THE SKIN.

A case of this very rare disease occurred in NEUMANN's clinic at Vienna lately. It is described by a correspondent of the *Maryland Medical Journal*. A Russian Jew, aged thirty-four, and apparently in excellent health, appeared, having on his abdomen an erythema which upon further investigation was found to be lumpy. His abdomen looked as if covered with large varicose veins. Upon turning him around, under the right scapula, there was a half-moon shaped tumor, about the size of a large watch, raised above the surface of the skin an eighth of an inch. There was no ulceration. The color was a light brown, and the surface had the appearance of normal skin when viewed under a magnifying glass. This was the only tumor projecting above the skin. Various lumps could be felt on the abdomen, which were quite hard and varying in size. The disease was seven years old. Leprosy, syphilis, and sarcoma cutis, were the three possible diseases, and as the two former were excluded, both Neumann and Kaposi settled upon the latter, making a diagnosis of multiple sarcoma of the skin. Such cases are very rare, Neumann only having seen three in the course of his large experience.—*Med. Record, Sept. 23.*

## ACTION OF SALICYLIC ACID UPON THE SKIN.

When applied to the skin salicylic acid is an agent causing the elevation, without the formation of a blister, of normal or pathologically thickened epidermis, in the form of a consistent whitish colored membrane. The line of separation is always within the epidermal layers of the skin, and the stronger the solution of the acid, the deeper down (nearer the papillary layer) does dissociation take place. The author has never seen a moist, serum exuding surface result from the application of the acid. For all forms of callus, with or without hypertrophy of the papillæ, for psoriasis palmæ and plantaris, non-specific as well as specific, and for every variety of epithelial accumulation of hypertrophy, salicylic acid, by reason of its being colorless, odorless, and unirritating as well as painless in its application, is the best keratolytic (causing separation of epidermis) agent. In order to be

efficacious in this direction it should be applied not in the form of a watery, ethereal, or alcoholic solution merely painted on, but in solution in collodion, ten per cent., or better still, as a salicylic plaster covered with gutta-percha, and left in position for from four days to a week.—*Boston M. and S. Jour.*, Oct. 5.

#### TOPICAL USES OF TANNIC ACID.

Dr. G. A. PARSONS says, that in all cases of cutaneous capillary hyperæmia, or the subcutaneous cellular transudations, the topical use of R. Tannin, ℥ss; glycerine, ℥j; M.; triturate until perfect solution is effected; is very satisfactory.

In the first or hyperæmic stage of abscess, or risings, as they are familiarly called, the persistent application of a saturated solution of tannin in alcohol will, in a very large majority of cases, abort the pending abscess and restore the part to a healthy condition without ever reaching the stage of suppuration.

In indolent ulcers, and all unhealthy sores, I have yet to find a remedy that meets the indication better than a triturated mixture of tannin and vaseline. In the different erythema, tannin is almost always the base of my prescriptions. In quite a number of cases of erysipelas, both simple and complicated, I have used tannin, either the glycerinic or alcoholic solution, with the most gratifying results. I never paint "erysipelas with iodine," as was formerly the practice. In subcutaneous cellular thickening and induration, the remedy of remedies is tano-iodine ointment, made with—R. Tannin, iodine, vaseline, aa, q.s. M.—*Med. and Surg. Rep.*, Sept. 30.

#### DEFICIENT KIDNEY-ACTION IN ECZEMA.

Dr. L. DUNCAN BULKLEY (*New York Med. Record*) states that deficient kidney-action is a common symptom of eczema of the anus and genitals. In this disease the urine is seldom that of health. The most varied conditions may be reported, but a most common one is a copious deposit of amorphous urates. Frequent and imperative micturition is not at all uncommon, and the repeated calls to urinate at night and the itching will often act and react upon each other, rendering sleep almost impossible. For this condition Dr. B. recommends:

R. Potass. acetatis, ℥j; tinct. nucis vomicæ, 3ij; infus. quassia, ℥iv. M. Teaspoonful after eating, in water.

This is often continued during the entire course of treatment. A large amount of oxalate of lime is sometimes found in the urine of eczematous patients. The oxaluria may be quickly relieved by strong nitric acid, internally, in doses of about two drops taken after each meal.—*Louv. Med. News*, Sept. 23.

#### WARTS.—SALICYLIC COLLODION.

Dr. WHITE (*Amer. Derm. Ass'n*) recommended for warts on the hands—extract cannabis indica, gr. x; salicylic acid, gr. xxx; collodion, ℥i—to be applied daily for several days. It had not failed once in fifty cases.—*Maryland Med. Jour.*, Sept. 15.

#### CONDYLOMATA.—UNG. HYDRG. AND ARSENIC.

UNNA recommends for the treatment of condylomata acuminata and ordinary warts the continuous application of unguent. hydrarg. containing five per cent. of arsenic. In the case of a young girl upon whose hands were a hundred or more warts, the unbroken application for three weeks of a plaster containing in each 0.2 square metre 10.00 grammes of arsenic and 5 grammes of mercury, caused entire disappearance of the disease without any irritation of the normal skin. Cure was effected not by reason of necrosis and destruction of the warts, as after the use of caustics, but by resorption, as in cases of spontaneous cure.—*Boston M. and S. Jour.*, Oct. 5.

# MIDWIFERY,

## AND THE DISEASES OF WOMEN AND CHILDREN.

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### IS CONCEPTION POSSIBLE AFTER DOUBLE OVARIOTOMY.

Dr. BOISLINIERE (*St. Louis Courier of Med.*, April, '82,) says that he knew of three cases where conception and safe delivery had occurred after double ovariectomy. The Fallopian tubes, or one of them, may remain after the operation, and may be connected with a portion of the ovarian stroma also remaining, so that ovulation and menstruation may continue. It is said that each ovary contains 350,000 Graafian vesicles capable of becoming impregnated when they come to maturity, so that a woman with both ovaries contains enough possibilities to populate a city larger than this. It is not only the stroma that contains ova, but the ovigenic layer surrounding the stroma, and a part of this layer might be left after the operation of double ovariectomy and the Graafian vesicles find their way thence into the Fallopian tube. Dr. Maughs had stated that he did not believe that he had removed all the ovarian tissue in his cases, and it was quite possible that Dr. Englemann had not removed all the tissue, as he scooped it out with his hand. Then there was always the possibility of the presence of supernumerary ovaries. Of course if the Fallopian tubes were all removed entire, there would be no opportunity for the ova to enter the uterus, and conception would be impossible, unless the spermatozooids had reached the ovary through the duct of Gartner—this duct is always found in the sow, and occasionally in the human female.—*Detroit Clinic. Oct. 4.*

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### CORPUS LUTEUM.

Before a recent meeting of the Obstetrical Society of London (*British Medical Journal*), a paper on the above subject was read. Two cases were described. The first was that of a prostitute, aged twenty-one, who died from prussic acid poisoning. In her ovary a fully ripe corpus luteum was found, although she was neither pregnant nor menstruating. The difference between the corpus luteum of pregnancy and that of menstruation was usually ascribed to the increased amount of nourishment received by the follicle in the pregnant state. In this case he thought that prostitution was probably the cause of the increased nutrition and development of the follicle. The second case was that of a woman, aged forty-one, who died from gangrene of a uterine fibromyoma. The ovary contained a true corpus luteum, and in other respects resembled the ovary of a pregnant woman. In this case he thought the increased determination of blood to the part, in consequence of the fibroid, was the explanation of the size of the corpus luteum. The President said that it was important to have the view confirmed that a corpus luteum, having all the characters of that met with in pregnancy, occurred in women who were neither pregnant nor menstruating. He had seen such a corpus luteum in an aged woman, who was believed to be salacious, and he had dissected cases of pregnancy with complete absence of corpus luteum,—*New Eng. Med. Mo., Oct.*

## JAUNDICE IN PREGNANCY.

Dr. UNDERHILL, of Cincinnati, in volume vi. of the *Gynæcological Transactions*, asserts that pregnancy is a predisposing cause of certain varieties of jaundice. Icterus gravidarum is often followed by abortion, sometimes even by the death of both mother and offspring. Among the conditions which may give rise to jaundice, and which affect pregnancy especially, he names:

*a*, Disease of the liver and biliary ducts; *b*, constriction of the ductus choledochus and hepaticus; *c*, stenosis of same ducts; *d*, mental emotion; *e*, pyæmia; *f*, typhus; *g*, the epidemic form; *h*, malarial fevers.

These, he thinks, are the principal conditions giving rise to jaundice that are more likely to be followed by grave results in the pregnant than in the non-pregnant state. Formerly jaundice from pyæmic infection of the blood was explained by the disintegrating action of the poison on the red corpuscles of the blood. Andral, and still others, noting that pyæmic jaundice was often too intense to be accounted for in this way, claimed that there was an inflammation of the common membrane lining of the duct and duodenum which would account for the tinging. Virchow is nearer right in his view that the cause of icterus in metastatic pyæmia is due to a condition of the liver similar to that existing in acute atrophy, rather than to catarrh of the mucous membrane or to the action of the poison on the red corpuscles. Catarrhal jaundice, or what is believed to be such, may shortly become malignant by reason of blood changes and by degeneration of hepatic tissue. Of this a fair illustration is given in a case reported by Dr. W. H. Parish. At the outset it seemed to be a case of ordinary catarrhal jaundice, but soon assumed a malignant type, and at the autopsy were found unmistakable evidences of acute atrophy. Indeed, Davidson, as quoted by Playfair, states that "yellow atrophy originates in catarrhal icterus, the excretion of the bile-products being impeded in consequence of pressure."

Accepting as true this theory, we have a clew explaining the fact that this disease is not only much more prevalent, but also more fatal, in the pregnant than in the non-pregnant state.—*Med. Record*, Oct. 21.

## ADHESION OF MEMBRANES.

Dr. WOLCZYNSKI writes (*Centr. f. Gynäk.*) concerning adhesions of the placenta and membranes. He says that the firm union of the membranes to the uterine walls is quite an extraordinary occurrence. He quotes Scanzoni as saying that he knows of no case of union by inflammatory adhesion of the membranes and uterus throughout. The author has seen a case where such a condition of affairs obtained, and he makes it the basis of his paper. The patient was thirty-five years of age, well developed, and of good constitution; she began to menstruate when fourteen years of age, and had progressed to her ninth and last pregnancy in good condition. During this period she suffered greatly from pains in the abdomen, especially upon the left side; she could not lie upon that side, nor turn over in bed. The feet and external genitals were swollen, and the face was puffed up. The foetal movements were vigorous and painful. Poverty prevented her proper nutrition. Labor came on in due season; it was not very severe, and the child was born twenty-five hours after the pains commenced, in the second occipital position. Post-partum hæmorrhage followed, and the attendant midwife summoned a physician. He found the patient weak from loss of blood, and attempted to express the placenta by Credé's method. Failing in this, he introduced his hand into the uterus and found the membranes everywhere smoothly adherent to the walls of that organ. Attempts to peel them off produced further hæmorrhage; and obliged the physician to desist and send for the author. He found the patient suffering with the usual urgent symptoms of post-partum hæmorrhage. The diagnosis of his confrère was confirmed after manual exploration of the uterus. The placenta was inserted upon the right side, near the fundus, and firmly adherent. Further hæmorrhage occurred in releasing

its attachments, but this was checked by pressure. The greater part of the membranes was left *in situ*, since it resisted all the force which could be brought to bear to effect its detachment. Wine and ergot were given by the mouth, and orders were left to wash out the uterus three times daily with a two per cent. solution of carbolic acid. Chills, fever, and an offensive discharge were present the third day. The uterus was then washed out every two or three hours, and portions of decomposed membranes came away. The progress was normal from this point, although convalescence was slow on account of the poorly nourished and weakened condition of the patient. The child was healthy, and caused no apprehension. The extensive adhesions were caused by endometritis, of which the pains during pregnancy gave evidence. The bladder was torn during labor, and not until the uterus was separated from its attachment to this viscus could it contract in its lower segment and expel the fœtus. In similar cases the author advises about the only thing which could be done under the circumstances—viz.: peeling off the membranes with the finger nails, if possible; otherwise leaving the case to nature, if the attachments are too firm, and washing out the uterus frequently with carbolized solutions, always bearing in mind the danger of carbolic-acid poisoning.—*N. Y. Med. Jour.*, Sept.

#### "CONGLUTINATIO ORIFICII UTERI"—DILATATION.

A case of "conglutinatio orificii" (Nägele) has recently been observed in the lying-in-rooms of the second obstetrical clinic.

The patient, white, Austrian, unmarried, thirty-two years old, brought into the ward August 17, was in her first pregnancy, and had felt labor-pains for the three preceding days. The course of her pregnancy was of a normal character. Abdominal palpation revealed pregnancy at full term, vertex presentation, first position (Vienna nomenclature). Heart sounds were loud, regular, and perfectly normal; vaginal examination showed the fornix vaginæ to be of orbicular shape and well pressed down into the canal. The small fontanelle was felt, through the fornix vaginæ, to the left and behind, constituting a vertex presentation, first position. No cervical portion or external orifice could be perceived. Finally, the finger touched a depression toward the anterior portion of the fornix, which, upon examination with a Sims' speculum, proved to be the position of the external orifice. Round-about this little depression very tender radiating cicatrices were noticeable; its centre was a papilla of a strawberry appearance, resembling granulation tissue. The orifice of the uterus was covered with a lamella, which was so tough that it could not be broken up by the fingers. Accordingly, Simpson's sound was passed through it, and dilatation effected by means of a bougie first, and a pair of dressing-forceps subsequently. Still later, two fingers were introduced and the external orifice was stretched to the extent of two cm. The whole operation was exceedingly painful, as no anæsthetic was administered. During the dilatation the bag of waters was ruptured. Three hours later the external orifice had made very slight progress in dilating, while the woman was experiencing very strong frequently recurring pains. The cicatricial constricting fibres of the cervix were then divided in seven or eight places with a button-pointed bistoury. This operation was also accompanied by great pain, while the hemorrhage was insignificant.

One-half hour later, the birth reached its terminus. The child was a girl, mature, in good condition, weighing 3150 grms., and with a length of 50 cm.

"Conglutinatio orificii" has occurred about once in a thousand cases in the wards of Prof. Spaeth. The cause of the affection, according to Prof. Carl Braun, is either an abnormally short vaginal portion, which permits the mucous membrane of the fornix vaginæ to grow together, occluding the orifice, or a croupous or local inflammation of the external orifice, as above, or of the cervix, leading to the formation of cicatricial connective tissue, with subsequent contraction and obliteration of the orifice alone, or of a portion of the cervical canal. The first condition, the occlusion of the external os, is



termed by Nägele "conglutinatio orificii;" the second condition, the organic connection of a portion of the mucous membrane of the cervix with the vaginal portion, is termed by Schmitt "conglutinatio organica." Prof. Braun is of the opinion, gathered from his immense experience of twenty-five years in the greatest obstetrical school in the world, that it is never necessary to make a bloody opening of the mouth of the uterus in case of "atresia orificii."—*Med. News*, Sept. 23.

#### AFTER-PAINS.—QUININE.

F. SCHERER, M.D., Omaha, Neb., recommends to administer five grains of quinine or the same quantity of cinchonidia, every hour till relief follows.—*Med. Brief*, Sept.

#### UTERINE HEMOSTATICS.—<sup>1</sup>CERVICAL PLUGS.

J. BRAXTON HICKS, M.D., F.R.S., etc., Obstetric Physician at Guy's Hospital, and Lecturer on Obstetrics, etc., says:

As a small contribution to the practical portion of the subject of uterine hemostatics, I venture to make a few remarks on the mechanical kinds, which we know by the name of plugs or tents. In doing so I must be understood to refer only to those cases where the cavity of the uterus is not sufficiently large to contain blood in quantity, the loss of which from the circulation is likely to produce any thing of serious detriment.

If we go back to former practice and to text-books we find it recommended that in case of threatened abortion with much hemorrhage, a vaginal plug should be used. The vaginal plugs recommended are the tampon, cotton or wool, silk or cambric handkerchief, rags, or sponges passed in till the vagina is filled up. An India-rubber ball has also been suggested, covered with felt or such like material. Now, even with the best management there is much of distress to the patient in the use of the vaginal plug; and with regard to its hemostatic effect very much of uncertainty, and generally partial failure; and in the hands of the unskillful and careless there is positively no restraint of bleeding worth the mention. If at any time any good results be produced, it is rather by the reflex irritation that it causes, whereby the uterus expels its contents. It is not so very rare an occurrence that one finds, on removal of the plug, the ovum on the uppermost part of it. But besides its palpable inefficiency, a vaginal plug, being of a porous texture, absorbs a large quantity of blood and thus conceals it from our sight; it also favors decomposition, and this, as is well known, occurs within a few hours; and thus we have a new element of danger.

Again, in many cases, when called to such a case, we have no speculum at hand; and although we may extemporize one out of card-board, book-covers, or such like material, yet, before we have thoroughly and firmly filled the vagina we must have given the patient considerable pain and distress, besides having occasion to put such pressure on the urethra as may necessitate subsequent catheterism. For these reasons, namely, the imperfection of action, pain in introduction, and danger if left in long—in other words, its general crudity; it seems to me that as a general rule the vaginal plug should, in the cases I have supposed, be discarded. And as a substitute I would urge the employment of the cervical plug as being more precise in action, as well as being capable, if we use a dilating kind, of expanding the canal for the purpose of exploration, or for the expulsion or removal of its contents.

If, then, in any case of uterine hemorrhage where we have the conditions above alluded to, we desire, besides immediately checking the bleeding, to dilate, we can use the compressed sponge-tent; the best form of which I have found to be those made after Sir James Simpson's plan, by Duncan, Flockhart & Co., of Edinburgh. These can be introduced by a long pair of forceps, and retained *in situ* by placing a piece of sponge, with tape attached, in the upper vagina. Of course, even these materials retain some secretions,

etc., and tend to facilitate decomposition; but their removal and cleansing can be effected much more readily than the vaginal plug, because it requires but a small portion. The sea-tangle tent, by reason of its slipperiness, is unreliable as a plug in hemorrhage. If we desire, however, only to plug the cervix, we can very easily extemporize a plug from materials to be found in every house. For instance, take a stick (say a flower stick) about a foot long, and taper it at one end to about the size of an uterine sound, or rather larger; wind round this end, for about three inches down, strips of cambric rag, lint, or sponge to the required thickness, judging from the size of the os. Strips of sponge can be readily obtained from cup-shaped sponges of compact texture, and they can be tied on by thread, layer after layer, till the requisite conical form is obtained. The strips of the other material can be laid on similarly. After the covered end has been well greased it is passed into the canal and the stick retained *in situ*, after the manner in which we tie in a catheter; an elastic tape, if obtainable, is to be preferred.

A catheter or bougie, or the end of the long injection-tube, can be treated in the same way. If we require great precision of application, then it is best that the hand should hold the external end till the hemorrhage has ceased. If the catheter and stilet be used, then I have found it convenient to bend the external portion backward, between the buttocks, tying the tape round the ring of the stilet—the ends of the tape being carried, as usual, to back and front of the waist-band.

These more homely adaptations I have recommended, rather than the especially made kinds, because they are often wanted at times when we can not send home for a more showy sort. In any case, a cervical plug, expanding or not, is more precise, less crude and painful in application, than the vaginal, and, in my experience, nearly always successful. In all cases of abortion, where a plug is necessary, I would lay it down as a rule that the expanding tent should be employed. In cases of flexion with abortion (and it is this complication which so frequently increases the hemorrhage) it will be found that the covered stick or stemmed plug above described is very useful; for, if the fundus be elevated during its introduction, the uterine cavity is straightened and evacuation of the contents thereby facilitated.—*Brit. Med. Jour.—Canada Lancet, Oct.*

#### FLOODING.—PLUG OF PULV. PERSULPH. FERRI.

M. R. BAKER, M.D., of New Castle, Pa., writes:—

Physicians of experience know the extreme difficulty, sometimes, of arresting uterine hemorrhage, the uterus seeming to defy all remedies, and pouring forth the sanguineous fluid in spite of astringents, ergot, the tampon, etc. The danger of uterine injections often causes physicians to hesitate long before resorting to them. I have been frequently placed in this dilemma, and although I have used injections successfully, yet I must admit that I always felt relieved when I found that the injection had not produced any dangerous consequences.

In view of the foregoing considerations I concluded to take a departure from the usual methods, as will be seen in the report of the following, among other cases:—

During the latter part of October, 1881, I was called to see Mrs. H., who was suffering from severe uterine hemorrhage. I treated her with the ordinary remedies, but without producing any permanent benefit. The tampon, applied again and again, would, of course, produce temporary suspension of the flux, but upon its removal the hemorrhage would return as badly as ever. The constitutional effects resulting from the loss of so much blood becoming alarming, I concluded something must be done.

At my next visit I took my uterine applicator and placed upon it a spiral slide, leaving about three inches of the point uncovered. The point I wrapped with absorbent cotton in the same manner as for treating the uterine cavity for endometritis, with the exception that the end next the slide I made considerably thicker than the rest, and tied a thread around it, so as to with-

draw the cotton when its purpose was accomplished. I then dipped the cotton into glycerine, and dusted it effectually with powdered persulphate of iron. I then exposed the os with a speculum, and passed my loaded applicator into the uterine cavity, and with the slide pushed off the cotton and left it. From that time my occupation in this case was gone. She made a rapid recovery.—*Med. and Surg. Rep., Sept. 9.*

#### UTERINE AND OTHER HEMORRHAGES.—LIGATURES AROUND THE EXTREMITIES.

Dr. J. W. PRYOR, of Lexington, Ky., in a short paper in the *Amer. Jour. of Obstetrics*, calls attention to this method of arresting hemorrhage. Dr. P. does not claim priority or novelty for this treatment, but asserts that it has been forgotten or neglected. He believes that not only is it a means for hæmostasis, but also for prevention, almost infallible, in cases where, from facts in the previous history, hemorrhagic diathesis, etc., there is reason to fear flooding. The material used by the author is elastic web, one inch wide (taking a somewhat narrower ligature for the upper extremity), with a buckle similar to that found upon the common Arctic overshoe. Unbleached cotton or any heavy material may be used. The mode of application, either as a preventive or as a remedy when the hemorrhage has actually set in, is to tie the ligatures around each extremity as close to the body as possible, drawing them tight enough to arrest the return of the venous blood, without materially affecting the arterial circulation. Two cases are given in illustration of the good results of the treatment in puerperal hemorrhage. In three other cases, one of repeated pulmonary hemorrhage and two of intractable epistaxis, the bleeding was speedily controlled by ligatures around the arms until internal remedies had time to act in permanently arresting it. In the case of hemoptysis, several recurrences of the bleeding took place when, by way of experiment, the ligatures were omitted and internal remedies alone given, until the exhausted condition of the patient demanded prompt action. The ligatures were then applied, and the hemorrhage was immediately checked.—*Can. Med. and Surg. Jour.*

#### THREATENED ABORTION.—VENESECTION.

Prof. FORDYCE BARKER says:—

"I am gradually getting to bleed more frequently. My conviction that this resource in practice has been too much neglected by myself and others has been progressively growing for some years." Dr. Barker would bleed to prevent abortion in some cases. So in renal congestions of the brain with coma, and when the skin is hot there is nothing so sure. He would bleed a woman in convulsions thirty ounces, and give elaterium also. "We must not," he also declares, "avoid bleeding in some cases even if the patient is feeble. In puerperal mania, at least in some very rare cases, venesection is of the greatest benefit."—*Boston Med. and Surg. Jour.*

#### SELF-ABORTIONS.

H. S. HUMPHREY, M.D., of Janesville, Wis., writes:—

I desire to relate the occurrence of several self-induced abortions that have come under my notice:—

One case, I remember, was induced by large injections of water, alternating with hot and cold water, used every few hours. After the third day a two months' foetus was expelled, followed by a profuse hemorrhage, which I was called to treat.

Another lady regularly aborted by introducing a common goose quill and leaving it within the uterus until expelled by uterine contractions. She had

been advised to select the end of the third month for the operation, and she laughingly remarked "that she could flip their *eds hoff* *hevery* time." (She was English.)

I knew another lady who used, for a similar purpose, a common knitting needle, half an inch of the point of which was bent at an obtuse angle.

But the most remarkable case I ever knew came before me last winter. A tall, angular girl, about 20 years old, came into my office, and without hesitating, remarked that "she was in a fix, and was determined to get out or die." Said she had got something in her womb. I asked her what it was. She doggedly replied, "a button hook." I placed her in my chair and found about half an inch of the handle protruding between the labia. She had the point passed beyond the internal os, and in attempting to withdraw it the point imbedded itself firmly in the uterine tissue. There was some hemorrhage, and labor pains were pretty frequent. In her efforts to dislodge the hook she had dragged the uterus low in the pelvis. Seizing the handle with my left hand I introduced uterine forceps along the stem of the hook until they entered the neck of the womb. I then opened the blades so as to embrace the stem at the curve of the hook, and had little trouble in removing it. Labor progressed, and in a few hours was over with, the girl making a good recovery.—*Med. and Surg. Rep.*, Sept. 9.

#### BUTTERNUT AS A PREVENTIVE REMEDY IN ABORTION.

Dr. BELL MORRELTON reports (*France Médicale*) several cases in which the extract of butternut (*juglans cinerea*) seemed really efficacious in preventing abortion.

He employs the following mixture:—

R. Ext. hyoscyam., 3 j; ext. *juglans cinerea*, 3 j; ol. sassafras, 3 ss; Sodæ carb., 3 ss; syr. simplicis, 3 vj. M.

A teaspoonful of this mixture may be administered three times daily during the entire period of pregnancy, after the threatened abortion.

The same physician has also employed this remedy in scrofulous affections and as an injection in leucorrhœa.—*Med. and Surg. Rep.*, Sept. 16.

#### SALICINE FOR AFTER PAINS.

A writer in the *Brit. Med. Jour.* says:—

There are a number of cases which fall within the experience of every practitioner, where, directly after the expulsion of the placenta, violent after-pains set in, and continue for many hours, often for days, to the great annoyance and exhaustion of the patient; they have nothing to do with the clots in the uterus, as none are ever expelled, and they occur mostly to women of a highly nervous temperament, who frequently suffer from neuralgia at other times. I have found opium useless in these cases, even in large doses; but salicine has the effect of rapidly and completely stopping them. I carry half a dozen powders, of fifteen grains each, in my bag, and give one, dissolved in water, directly the pains commence; to be repeated every two hours till the pain ceases. After two doses, that result is generally accomplished, and I have never had to give more than forty-five grains.—*Med. and Surg. Rep.*, Sept. 30.

#### PUERPERAL CONVULSIONS.—ARTIFICIAL RESPIRATION.

Dr. MILLICAN, in the *Lancet*, relates a case of puerperal convulsions treated with artificial respiration. The patient was a primipara, 23 years of age, of florid and apoplectic appearance. After twenty-four hours of labor the forceps was applied and traction was kept up for the succeeding half hour, during the pains, which were quite frequent. No progress was observed during that period. A convulsion then occurred, and, as the author did not

have any choloform with him, he removed the forceps, placed the patient upon her back, and employed artificial respiration. The spasm was checked, and the patient soon recovered consciousness. The forceps was again required, and after the birth of the head another spasm occurred. This was overcome quite as readily as the first. The patient made a good recovery.—*N. Y. Med. Jour.*, Oct.

#### TARNIER'S METHOD OF PREVENTING PUERPERAL INFECTION.

"Even in 1856, when I was Interne at the Maternité Hospital, the mortality was five per cent.; this is now reduced to two per cent. in hospital, and three-quarters of one per cent. in the pavilion I had constructed a few years ago. Each patient there has a separate room, entered from without, so that a nurse can only pass from one to another by going outside into the open air. The furniture is of japanned iron; the floors, walls, and ceilings are of impermeable concrete. The mattresses and pillows are stuffed with cut chaff, which is burnt after use in every single case. Instead of McIntosh sheets, one of brown paper, made impermeable by pitch, is used; this is burnt after use." For the washing of the genitals he uses weak solutions of bichloride of mercury, being the best and most powerful germicide.—*Can. Jour. Med. Sc.*, Oct.

#### PHLEGMASIA ALBA DOLENS.

To the *St. Louis Courier of Medicine*, Dr. P. V. SCHENCK contributes a lengthy article on this subject. After reviewing the various opinions that have at different times been advocated concerning its etiology, and leaving the matter in as much doubt as ever, he comes down to treatment, in which we find the following practical suggestion:—

"There is no doubt that bandages aid the absorption of the effusion, and diminish the size of the limb, and the advisability of this treatment is no longer questioned. The only point is when to use it, and how to apply the pressure, and what material to use. The fresh skin of animals was once used, and it was supposed to possess a certain advantage outside of the mere pressure. Next muslin was tried, then flannels, then chamois skins were applied, then silk in the shape of long elastic stockings; but my experience has been so favorable in the use of Martin's rubber bandages that I think it worth while to call the attention of the profession to their application. The use of these bandages has become almost universal; there is no need of describing their mode of application, every surgeon applies them, the general practitioner employs them, and the obstetrician and gynecologist are now trying them, as a utero-abdominal supporter.—*Med. and Surg. Rep.*, Sept. 16.

#### PROLONGED FERTILITY.

W. J. KENNEDY, in the *Edinburgh Med. Jour.*, reports a case of pregnancy occurring in a woman aged 62. The pregnancy (her twenty-third) had been perfectly normal as was also her confinement. She conceived successively at the ages of 47, 49, 51, 53, 56, 60, 62. This woman first menstruated while in India at the age of 13, had twenty-one children at term, three abortions, and only one pair of twins. By the way, what has become of the Widow T. of Garches, who was thought to have conceived at the advanced age of 70?—*Obstetric Gazette*.

#### FISSURED NIPPLES.—SOL. GUTTA-PERCHA.

MONTI recommends that the nipples should be anointed with a (freshly-made) solution of gutta-percha in chloroform, just enough of the latter being added to make the solution fluid. As it dries it forms a protecting pellicle, which does not come off even after suckling.—*Le Practicien*.—*Pittsburgh Med. Jour.*, Sept.

## OINTMENT FOR SORE NIPPLES.

The *Union Médicale du Canada* recommends the following :

Cacao butter, 3 iij; oil of almonds, 3 j; extract of rathany, gr. xx.

To be applied three times a day, the parts being afterward covered with cotton wadding.—*Drug. Cir., Sept.*

## NURSING SORE MOUTH.—FL. EXT. TOMATO.

The fluid extract of tomato is recommended in nursing sore mouth and cancrum oris.—*Med. Record, Oct. 21.*

## DISEASES OF WOMEN.

## CYST OF THE PAROVARIIUM.

This specimen was taken from a young woman, aged twenty-two. The tumor was first noticed eight years ago. Dr. Goodell first aspirated her before the clinic at the University of Pennsylvania in October, 1880, and November, 1881. On each occasion a perfectly limpid fluid was removed, and the diagnosis was consequently made of cyst of the broad ligament. As the cyst again refilled, she demanded its removal, and she was accordingly operated on before a ward-class, on Sept. 19. The cyst sprang from the left side, and had the usual delicate and vascular wall. Spread out on its lower border is the corresponding ovary, which could be very readily overlooked by a careless observer. The right ovary, being much enlarged and filled with small cysts, was also extirpated. When first removed it contained a fine corpus luteum, but the alcohol had dissolved this out, leaving merely the deep pit which held it. The operation was performed just two weeks after her last monthly period. The usual metro-stasis occurred on the fifth day after the operation. The patient is convalescing well. (*Transactions of the Obstetrical Society of Philadelphia, October 5, 1883.*)—*Med. and Surg. Rep., Oct. 21.*

## PORRO'S OPERATION.

Dr. T. SAVAGE reports a case of abdominal tumor in which the symptoms, pain, vomiting, progressive emaciation and distension, were so urgent that operative procedures became necessary. Such operations as this one are rare and not often successful. A full account of this is given in the *British Medical Journal*. The tumor was found to be a large fibro-myoma growing out and forming a part of the right side of the uterus. The cavity of the uterus was found to contain a fœtus which was pushed upward and to the left. The ovary and Fallopian tube were found in front of the tumor and almost black from compression. It was thought best to remove the whole mass at once. The stump was secured by a wire clamp and its serous outer surface was attached by silk to the abdominal wound. Recovery after this formidable operation was uninterrupted.—*Chicago Med. Rev., Oct. 1.*

## HYDATID OF MORGAGNI.

The lady from whom this specimen was taken was operated on by Dr. Goodell, on September 4, and promptly recovered. The cyst was of the left ovary, but the right one, being also diseased, was removed. Attached to one

of the fimbriæ of the oviduct is a very beautiful specimen of a hydatid of Morgagni. This little body, so often found attached to the ovary, was of interest, because those small cysts of the abdomen, which, after obtaining a small size would burst and usually refill, were, in Dr. Goodell's opinion, cysts of this hydatid. (Obstetrical Society of Philadelphia, October 5. 1882.)—*Med. Times*, Oct. 21.

#### LOCAL BLOOD-LETTING IN METRITIS.

Dr. J. DIRERA (*Gaceta Medica Catalana*), claims that scarification is a valuable method of treatment in metritis and areolar hyperplasia. The time to begin the treatment is just after the menstrual epoch. Scarification should be performed on alternate days. The object is not so much to let out blood as to prick the gorged capillaries causing their contraction followed by uterine contraction. Intra-uterine medication is a good adjuvant.—*Chicago Med. Rev.*

#### MULTIPLE MYOM OF THE NECK OF THE UTERUS.

On the anterior lip of the uterus of a woman, 49 years old, a tumor the size of a walnut, and on the posterior lip, one of the same character, of the size of a hazel nut, was detected. The case is reported by Dr. v. Rabenan, in the *Berl. Klin. Wochenschrift*, 1882, N. 11, and is especially interesting, as every indication pointed to a malignant growth, and only a trial excision proved the benign nature of these tumors, both being myom. For their radical removal the neck of the uterus was amputated.

Another point of interest in this case, and one which, under similar circumstances, may have not a little weight in deciding the diagnosis, is the fact that the mother of the patient had been operated on several times, for submucous myomata, which in her case had all been provided with pedicles, and this had made the diagnosis easier. Such cases are, on account of their favorable prognosis, and because they might easily be taken, at the first glance, for malignant tumors, of great importance, a myom possessing sometimes almost the same hardness to the touch as a cancer.—*Med. and Surg. Rep.*, Oct. 21.

#### NEW INSTRUMENT FOR REMOVING UTERINE FIBROIDS.

Dr. UPDEGRAFF, of Elmira, N. Y. (*Phil. Med. and Surg. Rep.*), had to deal with a large fibroid which filled and distended the uterus, and which he failed to remove by the ordinary procedures. He constructed a forceps with blunt, serrated extremities, an inch in width, and a curve of the blades sufficient to enclose the tumor. With the greatest ease the blades were introduced one at a time, and after closing, were rotated until it was evident that the tumor was detached. The removal from the uterus was then accomplished precisely as a fetal head is delivered. No hemorrhage ensued, and recovery was rapid and complete. The tumor measured six inches by five in its diameters.—*Pacific M. and S. Jour.*, Sept.

#### HERPES NIGER OF THE LABIA MAJORA.

The woman, twenty-one years of age, was at the end of her gestation. There was a gangrenous patch on the lower part of the abdomen, eight cm. long and 6 cm. broad, near the pubis. After parturition a high fever set in, the lochia being normal; pulse 140; no vomiting. On the right labium there appeared some spots of herpes, which extended all over the pubes in the next three days, the fever increasing at the same time. The vesicles contained a dark-colored fluid, and they were isolated. The gangrenous patch began to heal, but the herpes spread to the perineum. The patient died after six days.—*L'Union Médicale*.—*Chicago M. J. Exam.*

## ELEPHANTIASIS OF THE VULVA.

The following interesting case, which occurred in the Goculdas Tejpal Hospital, has been recorded in the *Lancet*:—A Hindoo woman, aged thirty years, presented a most unsightly elephantoid tumor in the left labium, which extended downward into the perineum. In the right labium there was a smaller tumor, about the size of an orange, and unconnected with the first. The incision to remove the tumor on the left side extended from the mons Veneris to the end of the perineum, and was carried on in the inner side through the mucous membrane on the inner surface of the labium. The incision on the outer side extended to the left groin and margin of the thigh; and when the mass, which weighed about five pounds, was removed, a most unsightly gaping wound was left. There was very little hemorrhage, and slight torsion was found sufficient to arrest that in the three small vessels severed. The smaller tumor on the right was now removed, and the edges of the wound were brought together without any trouble. To effect healing of the first wound the legs had to be brought together and the thighs tied firmly together by a broad bandage. Three or four wire sutures were brought in, by which the mucous membrane of the vagina and the outer integument were connected. This position, however, was more relied on to assist the healing process than anything else, and she was so kept, with the legs tied together, for over three weeks. It was most remarkable how the parts began to assume their natural shape as the healing process went on. The surface had healed over in five weeks after the operation, when the patient was removed by her husband.—*Med. and Surg. Rep.*, Sept. 30.

## NITRATE OF LEAD IN CANCER OF THE CERVIX UTERI.

M. CHERON, in the *Revue des Maladies des Femmes*, says that he has had very good results from the direct application of the nitrate of lead powdered, to the ulcerated cervix. After touching the ulcerated surface with glycerine, he injects about a quart of cold water, containing about a drachm and a half of tr. ferri perchlorid., and then dries the surface with absorbent cotton. Finally, the following powder is introduced, by means of a syringe made for injecting powders:

R. Plumbi nitrat., pulv., ℥ss; Lycopod., pulv., ℥j. M.

The powder is retained in place by a tampon of cotton. Through this means suppuration diminishes considerably, as also the bad odor. Even hemorrhage is not so profuse, and in some cases it is entirely suppressed.—*Cin. Lan. and Clinic.*

## VAGINITIS.—TANNIN BAGS.

For the last two years M. GOUGENHEIM (*Jour. de Med. de Paris*) has treated acute blenorrhagic vaginitis at the Lourcine by a method which has given him most favorable results, and which is exceedingly simple. It consists in placing in the vagina, with the aid of a small speculum, bags of variable size made of coarse muslin, and nearly filled with a powder composed of a mixture of tannic acid. The bag is left *in situ* from twelve to eighteen hours, and is then withdrawn, while the patient is in a bath, by means of a cord attached to it, as to an ordinary plug. After the withdrawal of the bag, the vagina is syringed out with warm water to facilitate the removal of the membrane that has formed. After a few repetitions of this mode of treatment, twice a week, discharge ceases. Dr. Gougenheim says he has borrowed the idea of these bags from the practice of Madame Lachapelle.—*Dublin Jour. Med. Sc.*—*Cin. Lan. and Clinic.*, Oct. 7.



### MALIGNANT GROWTHS OF THE MAMMÆ—ELECTRICITY AND IOD. POT.

Electricity and iodide of potassium are claimed by Professor Mariano Semolo as effective means for curing malignant growths of the mammæ. A galvanic needle is introduced into the growth and a weak current of electricity allowed to pass through it for some time. The séances should not exceed three per week. Large doses of iodide must be given meanwhile to modify nutrition. Cure is obtained by cicatrized tissue, by colloid or fatty degeneration, by sloughing.—*Chicago Med. Rev.*, Sept. 15.

### IMPERFORATE HYMEN.

Dr. MOORE reports a case of *imperforate hymen*. The patient, a girl of seventeen, presented symptoms of a malarial attack, and was treated for that trouble with small doses of cinchonidia. Three days later the doctor was summoned, and found the patient in great pain, of a bearing-down character, which occurred at frequent intervals. Vaginal examination revealed a large tumor, which felt suspiciously like a foetal head. More careful investigation showed that the finger was in contact with a thick and resisting imperforate hymen, through which the examining finger could not be forced. A few hours later the membrane was punctured with a bistoury, and, after the retained fluid had escaped, the opening was enlarged to the full width of the vagina. The after-treatment consisted of carbolic injections and rest. Fever continued for several days without any accompanying tenderness of the pelvic organs, which satisfied the author that it was malarial, not sympathetic or inflammatory. The author says that at least a quart of retained menstrual fluid was drawn off.—*St. Louis Clin. Record*.

### ABDOMINAL DRAINAGE.

The following new method of drainage after ovariectomy adopted by Dr. Kehren (*Centralblatt für Gynecologie*, 1882), is worthy of more than passing notice. He inserted into the cavity of the abdomen three rubber tubes into which he introduced disinfected wicks of the thickness of the little finger. The external bandage was soon wet through by the secretion, and had to be changed three times during the first two days, after which it ceased altogether.—*Canada Lancet*, Sept.

### UNCERTAINTY OF CATGUT LIGATURES.

In a case of Cæsarian section performed by Prof. SPAETH, of Vienna, he sewed up the uterine wound with catgut ligatures—Lister's antiseptic chromic acid ligature. The patient died forty-eight hours after the operation, from peritonitis. At the autopsy the catgut sutures in the uterus were found untied and straightened out, and the wound opened and discharging lochia into the abdominal cavity.—*Canada Lancet*, Oct.

### LITHOLAPAXY IN WOMEN.

Dr. CASSWELL, in the *Medical News*, reports a case of the above, the ease and success of which recommends it to the profession. Under ether, the urethra was dilated with conical steel sounds up to twenty-nine. Then a fenestrated lithotrite was introduced, the calculus broken up and evacuated through a No. 28 straight tube. The doctor highly recommends the operation as not subject to any secondary effects as in other methods.—*Chicago Med. Rev.*, Oct. 1.

### AMYL NITRITE AND MENSTRUATION.

Dr. A. T. BACON (*American Medical Weekly*) reports the case of a married woman nursing an infant, who, on entering a room where amyl nitrite is being inhaled, and the atmosphere of which is in consequence impregnated with the drug, finds that the menstrual flow at once commences, and that on her leaving the room, and being no longer under the influence of the drug, it immediately ceases.—*Chicago Med. Rev.*, Sept. 15.

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### INCONTINENCE OF URINE IN THE FEMALE.

Dr. FRANK, of Cologne (*Centrall. f. Gynäk*), has planned and practised a new operation for the relief or cure of cases where the sphincter vesicæ has been so injured as to lead to incontinence. He points out this condition often exists after a fistulous opening in the bladder has been closed, and that such cases are very difficult to manage. He treats the urethra as one would an over-dilated rubber tube, by cutting a piece out of its circumference, so that less contractile power is sufficient to close it. A narrow strip is cut out of the whole length of the urethra, rather more tissue being removed at the seat of the sphincter. The sutures are not to be taken out till about the eighth day. A case was given where this method was successfully followed.—*Medical News*.

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### MAMMARY MENSTRUATION.

The *Lancet* reports another case of vicarious menstruation of this kind in a woman, many years married, barren, and normally menstruating from the thirteenth to her forty-eighth year. Blood flowed from the nipples three or four days in every month, at regular periods. Severe pain in the breasts accompanied the flow.—*Md. Med. Jour.*, Sept.

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### DISEASES OF CHILDREN.

#### CEREBRO-SPINAL MENINGITIS IN A NEW-BORN INFANT.

A young woman became affected with cerebro-spinal meningitis at the end of her pregnancy. She died after having given birth to an apparently healthy child, which presented, two hours later, symptoms of meningitis, followed rapidly by death.—*Progrès Medical*, No. 17, '82.—*Jour. Ner. and Ment. Dis.*

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#### ASPHYXIA NEONATORUM.

GOYARD's method is to plunge the child at once into a vessel of water as hot as it can be borne by the hand (120° F.), and the arms are raised and lowered alternately to simulate the natural movements.—*Proc. Kings Co.*, Sept.

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#### DANGER OF LAUDANUM TO INFANTS.

A fatal case of poisoning of an infant is reported from Keyworth, England, and is remarkable for the alleged smallness of the dose. A "drop" of laudanum was administered one afternoon with castor-oil, to an infant, three weeks

old, for the cure of diarrhoea, to which the child had been subject from its birth. Shortly after, the child became suddenly very ill. At half-past five on the same afternoon it was seen by a physician, when the child was lying with contracted pupils, livid lips, skin covered with perspiration, small pulse, and slow respiration. It could be roused with difficulty, and speedily relapsed into its former state. Notwithstanding the administration of emetics, and the use of cold effusions, the child died thirteen hours after it was first seen. Death from one drop of laudanum has occurred before, but the repetition of an ascertained case of death after such a dose is worthy of record, if only to impress on the public and the profession the danger attending the administration of opium in any form to young children.—*Med. Rec.*, Sept. 2.

### ASCITES IN CHILDREN.

Ascites in children is a rare disease. If it happens, it is generally produced either by tubercular peritonitis or by cancer of some of the abdominal organs. Dr. Seiler, in Dresden, contends (*Berl. Klin. Wochenschr.* xviii, 26, p. 365) that whenever the causes just mentioned cannot be detected in ascites of children, a diffused syphilitic hepatitis or circumscribed gummata will always be found to have given rise to the abdominal dropsy. He thinks that the cases so far reported belong to the category of retarded hereditary syphilis, and that this form of ascites always yields to mercury or iodine, or to a combination of both. At the same time he admits that occasionally this ascites may be caused by a curable, simple hypertrophic cirrhosis of the liver. Seiler gives the following among other cases:—

A girl, aged 13, after having frequently complained of not feeling well, without the appearance of any specific signs or symptoms, was taken sick, February of last year, with swelling of the abdomen, which on examination was found to be distended with a rather large quantity of free fluid. June 11th, about five quarts of a serous, light yellow fluid, containing a considerable percentage of albumen, was withdrawn, by paracentesis, from the abdominal cavity, after which operation the liver could be felt as a soft tumor extending down below as far as the middle of the abdomen. Mercurial inunctions into the abdominal walls, and internal administration of iodide of potash, caused a diminution in the size of the liver, and the ascites did not reappear. Cure within six weeks.—*Med. and Surg. Rep.*

### SPASMS OF THE GLOTTIS TREATED BY NITRITE OF AMYL.

Dr. Jos. WILLIAMS, Boston, Mass., writes:—

In this case I had been treating the child, aged nine months, for simple diarrhoea of two days' duration. This was readily controlled; but on the morning of the third day I was sent for in haste, as the child was thought to be suffocating. I found the child had slept naturally, but about 6.30 A.M. had a very slight spasm of the arms and legs, and at once began to breathe heavily, and became unconscious in about ten minutes; there was no cough at any time. At 7 A.M. the hands and wrists, feet and ankles, were cold and purplish; lips livid; breathing very labored, 16 per minute; expiration much prolonged; sinking of whole chest wall at each inspiration; pulse thready, and child quite unconscious. The use of cold having no effect in reviving the child, I sent one messenger for Nitrite of Amyl and another for assistance, with a view to possible tracheotomy. I caused the child to inhale the contents of two 5-minim pearls of the nitrite so gradually as to cause only slight flushing of face; almost immediately the stridor ceased, the breathing improved, the surface became warmer, pulse more distinct, and in perhaps two minutes the child was in a deep sleep, which lasted about twenty minutes. A hot bath, linseed poultice to abdomen, and internally Potass. Bromid. 2½ grs. every two hours completed the treatment. Child was well as usual next day.—*Can. M. and S. Jour.*, Sept.

## ADDENDA.

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### MALARIA IN SKIN DISEASES—A CORRECTION.

Some time since the following paragraph appeared in the *Michigan Medical News*, and has been widely copied in the medical journals of the country:—

"A century ago John Hunter divided all skin diseases into three classes, one of which is cured by mercury and the iodides, a second by sulphur, and a third class which the devil himself can't cure. Dr. L. P. Yandell, who quotes Hunter as above, is given credit for a much less complex classification than even this. He attributes all skin eruptions to malaria. Quinine is a specific for malaria; ergo, quinine is the remedy for all skin eruptions. Q. E. D."

I trust that my confrères of the press will do me the kindness and the justice to publish the correction now given, as the matter is not only one of personal interest to the writer, but is of scientific interest to the profession. The subjoined extracts are from a supplement to a report read to the American Dermatological Association, September, 1877. A copy of this report will be gladly sent to any one desiring it:

"From the criticisms which have been made on my views, I find that I have not succeeded in making myself perfectly understood. What I have contended for, and what I have reiterated, is simply this: Malaria is the chief source of acute skin disease. Scrofula is the chief source of chronic skin disease. The more inveterate cases of skin disease are often due to the co-existence of these two things. The specific exanthems of course, are not included here, but I contend that their progress and termination are often largely influenced by the presence of malaria or struma. I do not claim that malaria and struma are the sole causes of the dermatoses. Indeed, many of the dermatoses may exist independently of malaria or struma, and most frequently some exciting cause is necessary to develop the cutaneous eruption. Among the exciting causes are irritants, injuries, insufficient or improper ingesta, vicissitudes of temperature, alcohol, dentition, menstruation, parturition, lactation, etc. The proofs of the truth of my views are, in the first place, that the diseases of the skin are cured more certainly and more quickly by the antimalarial remedies on the one hand, and by the anti-strumous on the other, than can be done by any other line of therapeutics; and in the second place, that careful and painstaking investigation will, in the majority of dermatoses, make apparent the existence of the malaria or the struma, as the case may be.

"In conclusion, I desire to impress upon the reader that my views are not confined to the skin diseases. What produces disease here will produce it in all other organs of the body. What is true of dermatology is equally true of gynecology and ophthalmology and otology, and it is just as true of the diseases of all the other regions of the body."

Subsequent observation has confirmed my belief in the correctness of these views.—LUNSFORD P. YANDELL in *Louv. Med. News*, Nov. 25.

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### IDENTIFICATION OF CHARRED CORPSES.

The burning of the Ring Theatre at Vienna, gave rise to many important medico-legal investigations respecting the sex and identity of charred corpses, of which Ed. Hofman and Schultze give a description (*Wiener Med. Blätter*,

No. 50, page 1, 188). In determining sex where the external genitals were completely destroyed, the chief point relied upon, was the absence or presence of the uterus and ovaries. In ascertaining the approximate age, external appearances were quite unreliable. The union of the epiphysis with the diaphysis of the humerus, which first takes place at twenty-four years of age: the ossification of the ribs and more especially the ossification of the larynx, which generally begins between the thirteenth and thirty-fifth year, and is completed in the fortieth year, were found to be the best and most easily ascertained data. In women the state of the ovaries was important; these being smooth in girls and young women, cicatrized in older women. The hair of the head and beard were generally black, and had to be washed before its natural color could be ascertained. The cornea was generally milky and turbid, as if boiled. Often the obsolescence of the cornea gave to the iris a deceptive blue appearance. The teeth, though calcined and crumbled, were nevertheless serviceable in determining the age. The nails, too, in some cases, served for identification. In a large number of cases the blood was of a florid color; and this may have been due to the inhalation of carbonic acid gas.—*Chicago Med. Rev.*

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### THE ELECTRIC BATH.

The administration of electricity by baths is not difficult. An ordinary bath-tub has often been used. It is better, however, that the tub be of some non-conducting material like wood. A double-cell faradic battery will furnish quite enough electricity. The electrodes should be large, made of metal or carbon, and should dip several inches into the water. The patient lies in the tub so that neither electrode touches him. The current is passed generally from one shoulder to the opposite foot. It may, however, be localized. The general effect of the current can be strengthened by adding salt, soda, or an acid to the water. The baths are generally given for from ten to twenty minutes and repeated alternate days.

The claim for the electrical bath is that it is the best way to apply general faradization. It is certain that by the influence of the warm water the skin is made a better conductor. It is well known that the dry skin opposes immense resistance to electrical currents: and that it is largely by virtue of its pores that electricity passes through to a sensible extent. The warm bath moistens the skin, dilates its ducts, stimulating at the same time the cutaneous vessels and glands. The conditions are thus favorable for the so-called catalytic actions of the electrical current.

The objection occasionally made that water is a poor conductor and hence not suitable for electrical action is quite trivial. The resistance of pure water as compared with that of mercury is about 120,000,000 to 1; that of salt water, however, is better by only five or ten millions, and the resistance of salt water is nearly the same as that of the moist tissues. In other words, water is a vastly better conductor than the skin under ordinary conditions.

There is no reason *a priori*, therefore, why the electrical bath should not be useful, and we have referred to the matter at some length because it is quite possible for the general practitioner to prescribe and use it as well as the specialist.—*Med. Record*, Oct. 7.

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### NAPHTHALINE AS AN ANTISEPTIC.

Naphthaline has recently found a new and important use in medicine. It has been found that this hydrocarbon is an excellent antiseptic, which kills fungi and bacteria in a short time. For surgical bandages and in contagious diseases, as far as experiments have been made, it has answered an excellent purpose, and seems well adapted to replace in many cases those antiseptics now so much used, namely, carbolic and salicylic acids, and iodoform. It has one great advantage over carbolic acid, being absolutely free from poison,

and can therefore be used in any desired quantity without causing any disturbances. It also surpasses all other antiseptics in cheapness. As 100 kilos of pure naphthaline can be bought for 60 marks (about seven cents per pound), there is no doubt that it will soon find general use for medical purposes.—*Detroit Clinic, Sept. 27.*

#### SUPERNUMERARY DIGIT.

*Boston Med. and Surg. Jour.* says:—At a conference of the Société de Chirurgie, of Paris, a case of supernumerary digit was reported which had been operated upon at the age of six months, but had grown out again so as to require a second operation when the child was ten years old. Stress was laid upon the necessity of disarticulating instead of dividing the bone in its continuity. There being two centres of ossification in the phalanges, one for the shaft and one for the upper extremity, if the articular cartilage is left intact the bone has an opportunity to be re-formed.—*Chicago Med. Rev., Oct. 15.*

#### ALCOHOL IN BURNS AND SCALDS.

Saturate a soft piece of fabric with alcohol, lay it over the burn, then cover it with cotton or finely picked oakum. This is the most cleanly dressing that can be adopted. It may be thought that alcohol applied to a burn will produce more pain; but try it, and you will be agreeably surprised to observe how quickly it will allay the pain; subsequently disturb the dressing as little as possible; wet the dressing occasionally with alcohol, and the result you will find better than by any other method.—*St. Louis Med. and Surg. Jour.*

#### HYPODERMIC MEDICATION.

Dr. HUSE says that mechanical causes are doubtless at the bottom of the abscesses produced by hypodermic injection. He advises the placing of a very small pledget of carbolyzed, absorbent cotton into the upper cap of the syringe. The liquid being introduced, the cap is screwed on and the air expelled by pointing it upward, and slowly pushing the piston forward till the last bubble escapes. The minutest particle of foreign material is thus caught in the meshes of this improvised sieve.—*Chicago Med. Rev., Oct. 1.*

#### A JAMAICAN GALACTOGOGUE.

Nursing Jamaican women are in the habit of drinking an infusion known as cotton-leaf tea, in order to increase the secretion of milk. Mr. Anderson has employed this in women whose milk was scarce, and was convinced of its powers as a galactagogue. The infusion is made from the leaves of the plant known as the *gossypium bortadense*. The dose is six or eight leaves to the cup, and according to the effects obtained four cupfuls or more may be taken in twenty-four hours; some are in the habit of drinking two or three litres of the infusion daily. Its taste is not disagreeable, and many take it as they would black tea.—*El Sentido Cat.—Med. Record.*

#### RHEUMATISM.—CACTUS GRANDIFLORA.

Dr. HARVEY L. BYRD claims better results from this drug in sub-acute and chronic rheumatism than from any other remedy used. The dose prescribed is eight to twelve drops of the fluid extract every three hours pro re nata.—*Indep't Pract.*

#### GLYCERITE OF BIRCH TAR.

Glycerite of birch tar has been successfully used in eczema by E. Johanson; it was prepared by mixing one part of birch tar with eight parts of glycerine, the latter previously diluted with one-fifth water.—*Phar. Zeit. Russl., No. 21.—Amer. Jour. Pharm., Sept.*

### SKIN DISEASES.—PACKER'S TAR SOAP.

It is exceedingly smooth and agreeable to the skin, and as it is combined with pine tar and glycerine, it is valuable as a remedy in skin diseases, as well as pleasant for toilet purposes. We commend it, without hesitation, as the most satisfactory soap, in both these respects, that we have ever used.—*Med. and Surg. Rep., Phila., Sept. 23, '82.*

### LATE IMPROVEMENT IN SANDALWOOD.

Certain species of Sandalwood contains a peculiar resinous matter, having an astringent and very pungent taste, and as obtained by a new process and machinery has proved from late experiments, to be of very great value. A prominent physician in St. Louis administered it alone in a very severe case of Gonorrhoea, after having used all the usual remedies without effect, giving it in doses of twenty grains four times daily; in forty-eight hours the discharge had entirely ceased, but on the morning of the third day the patient was covered with an eruption similar to that produced by copaiba. The medicine was discontinued and in three days the discharge returned, when he administered it this time in combination with Oil of Docuta Sandalwood, which performed a rapid and permanent cure. The result of many trials indicate that very few can tolerate the resinous matter alone, but when administered together as now prepared in Dundas Dick & Co.'s Sandalwood Capsules, it can not only be given with perfect safety and reliability in all cases, recent and chronic, but acts quicker than any other known remedy, the result being remarkable in several cases, decided good results being shown in two or three days.—*Medical Exam.*

### DR. JENSEN'S PEPSINE AS A SOLVENT IN ALBUMINOUS OBSTRUCTION OF THE BLADDER.

Dr. HOLLMANN reports the case of an old man, aged 80, suffering from retention of urine, in whom the introduction of a catheter failed to produce the desired result. It was found that the bladder contained coagulated albuminoid masses mixed with blood. A few hours after the injection of about sixteen grains of Dr. Jensen's pepsine, dissolved in water, a large amount of dark, viscid fetid fluid readily escaped by the catheter.—*London Med. Rec.*

### CHEMICAL FOOD.

The names of Prof. HORSFORD and the Rumford Chemical Works, (Providence, R. I.,) have become so identified with the manufacture and sale of phosphoric acid and the phosphates, that they are justly considered as the highest authorities in the country, if not in the world, upon those articles.

The former (Prof. H.) has made the subject of wheat and its conversion into bread, a life-long study, and was the first to suggest the use of the phosphates as a cream tartar substitute, whereby the nutritious elements which are taken from the flour in bolting are restored.

The phosphatic preparations of the above firm have received the hearty recommendations of the highest medical and chemical authorities in this and other countries, so that their healthfulness and utility are beyond question. They have been put upon the market in various forms, the latest, and one which will undoubtedly prove the most popular, being "Prof. Horsford's Phosphatic Baking Powder." It is made from Prof. Horsford's Acid Phosphate in powdered form. It contains the same ingredients, mixed together, as the famous Horsford's Bread preparation, is fully equal in strength, if not superior, to any of the ordinary first-class baking powders, and is sold at reasonable prices.

The Works have issued for the present year, their "Horsford Almanac and Cook Book," which is sent free on application, and will be found well worth sending for.—*Chem. and Drug News.*

# QUARTERLY EPITOME.

## EDITORIAL DEPARTMENT.

The present being the closing number of the third volume of the *EPITOME*, the Publisher avails himself of this medium to return his most sincere thanks to his numerous patrons for their prompt and substantial support of his enterprise.

According to Dr. A. Dureau, one of the librarians of the French Académie de Médecine, (*Revue de Thérapeutique*, August 1, 1882), the number of medical journals published at stated intervals in Paris is 95, and in the colonies 52—total for France 147.

The German Confederation publishes 133 journals, Great Britain 69, Austria 54, Italy 51, Belgium 28, Spain 26, Russia 26, Holland 16, Switzerland 10, Sweden and Norway 9, Denmark 5, Portugal 4, Danubian Principalities 4, Turkey 2, Greece 1. Total Medical Journals for Europe 585.

In America 183 Medical Journals are published, in Asia 15, in Oceanica 2. Total for all countries, 785.

The number of Medical Journals founded since 1679 exceeds 2,500.

We have not the data giving the aggregate issues of this large number of Medical Journals, annually, some being published weekly, some bi-weekly, others monthly, bi-monthly, quarterly, and semi-annually, respectively; but in view of their enumeration by thousands, the necessity of our work

of selecting and epitomizing the best materials to be gleaned therefrom, is becoming more and more appreciated by the profession of this country, as attested by the unexampled increase of our subscription lists, and the great success of our soliciting agents in obtaining the signatures of progressive physicians when presenting the merits of the *EPITOME*.

The system of interchange existing between Medical Journalism being quite as liberal as that of other literature, and translations from one language into another constantly going on, it follows that the cream of Russian, German, French, Spanish, and other foreign medical writings soon becomes Anglicized, and through the enterprise of our American exchanges, the keen outlook of whose correspondents discover everything worth preserving, we are enabled to collate and present to our readers, every quarter, the very quintessence of Medical progress throughout the world.

This essentially practical feature of our plan being fully appreciated by the active practitioners scattered over the broad area of this Republic, it is in no boastful mood we announce that the *EPITOME* has outgrown its period of dentition, and to-day stands forth a lusty youth with vigorous circulation, healthy digestion, and freedom from all asthenic symptoms.



Being inspired by professional approval and by that no less tangible element, financial success as our award, we have no hesitancy in renewing our bond to continue, *Dei Gratia*, in the good work toward placing within reach of all practitioners, the most

valuable opinions and suggestions and the most approved remedial and operative measures for the amelioration of human sufferings, which, in the future, the vast resources of current medical literature may present.

### BOOK NOTICES.

**SYPHILIS.** By V. Cornil, Professor in the Faculty of Medicine of Paris, and Physician to the Lourcine Hospital. Translated, with notes and additions, by J. Henry C. Simes, M.D., Demonstrator of Pathological Histology in the University of Pennsylvania, and Assistant Surgeon to the Episcopal Hospital, Philadelphia, and J. William White, M.D., Lecturer on Venereal Diseases, and Demonstrator of Surgery in the University of Pennsylvania, and Surgeon to the Philadelphia Hospital. Fifty-eight illustrations. Philadelphia: Henry C. Lea's Son & Co. 1882.

This work, from the pen of a distinguished French author, M. Cornil, is an exceedingly important contribution to the literature of syphilis, and though printed in the form of chapters, constitutes the lectures of M. Cornil delivered in the Lourcine Hospital in 1878. It differs somewhat from ordinary text-books in that especial attention is devoted to the microscopical growth and progress of the various lesions of syphilis from the initial papule to the most destructive processes of the tertiary stage.

M. Cornil treats the disease from an anatomical standpoint. He has made the microscope a constant assistant in his study, and the elucidations exhibited by its means are most interesting to every pathologist and histologist. His observations were made upon tissues removed during life, permitting him at once to examine the separate elements, and to place portions in pre-

serving or hardening fluids before they had undergone the slightest cadaveric change. With the camera-lucida, he drew the principal types of the different lesions; and, although the drawings reproduced in a single color by lithography give only an imperfect idea of what is seen under the microscope, yet their general accuracy is vouched for.

The author says in the preface: "These lectures may therefore, be said to form an elementary manual of syphilis, based upon a minute knowledge of anatomy." Students and practitioners who are desirous of enriching their fund of information upon this disease, will do well to obtain this treatise.

**DISEASES OF THE LIVER;** with and without Jaundice. With the special application of Physiological Chemistry to their diagnosis and treatment. By George Harley, M. D., F.R.S., Fellow of the Royal Col. Physicians, Prof. in University Col. London, etc. Illustrated by colored plates and wood engravings. Philadelphia: P. Blakiston, Son & Co., 1012 Walnut Street. 1882.

The Publishers call special attention to this work, the only thorough book now before the profession. The reputation of its distinguished author is a guarantee of its merits.

#### SYNOPSIS OF THE CONTENTS.

Introduction, giving a general view of the scope of the volume, and the application of Physiological Chemistry to the diagnosis and treatment of Hepatic affections.

Chemistry, Physics and Physiology of the Liver and its secretions.

Etiology of Jaundice—different kinds—causes producing them—treatment.

Signs and Symptoms of Liver Diseases.

General remarks on all kinds of Hepatic Remedies.

Special Hepatic Medicines; their modes of action and uses.

Mineral Waters, Wines and Foods; treatment of Pyrexia, Cerebral complications, etc.

Congenital and Hereditary Liver Diseases, Biliousness; its Varieties and Treatment.

Jaundice from Enervation, all its forms explained and their different Treatments.

Different forms of Inflammation of the Liver and their Treatments.

Jaundice caused by Disease Germs, Yellow Fevers, Contagious and Epidemic Jaundice, different kinds and their Treatments.

Jaundice of Pregnancy.

Different forms of Hepatic Atrophy and Ascites.

Biliary Concretions, Inspissated Bile, Gall-Stones of every kind and form, direct and indirect effects of their Symptoms and Treatment very fully gone into.

Different kinds of Colics, etc.

Catarrhal Jaundice.

Jaundice from Poisons.

Different kinds of Jaundice from Permanent Obstructions.

Physiological Chemistry of the Excretions, Urine and Stools, as a Guide to Diagnosis and Treatment.

All kinds of Abscess, Tropical, Pyæmic, Metastatic, etc.

Different kinds of Cancer of the Liver and its Appendages.

Hydatid and Cystic Diseases of the Liver; Syphilitic and Fibroid Diseases of the Liver.

Embolisms, Fatty, Amyloid and other Degenerations of the Liver.

Traumatic Diseases of the Liver.

Diseases of the Gall Bladder.

A concluding chapter, entitled Hints on Differential Diagnosis.

Index.

This work is now ready, and will be sent by mail, postpaid, upon receipt of price. (Cloth, \$5. Leather, \$6.)

**CHANGE OF LIFE IN HEALTH AND DISEASE**, a Clinical Treatise on the diseases of the Ganglionic Nervous System incidental to Women at the decline of life, by Edward John Tilt, M.D., Past President of the Obstetrical Society of London; Knight of the Crown of Italy; Fellow and Corresponding Member of many Medical Societies, British and Foreign. Fourth edition. P. Blakiston, Son & Co., 1012 Walnut St. 1882.

Dr. Tilt's work upon this critical epoch in the life of women is well known. It contains much matter of practical value to the physician as well as many theoretical views, the result of his erudite and laborious research, of the greatest interest to the profession. The author in his preface condemns in no unmeasured terms the recklessness that characterizes American Gynecological surgery. The work

is divided into three parts, of which Part I treats of Physiology of the Change of Life, Part II of the General Pathology of the Change of Life, and Part III of the Special Pathology of the Change of Life. To every one who desires information upon this most interesting subject, we would commend the work as the best of the few works that have ever been written upon the subject. It also appears in the cheap edition and can be obtained in paper covers for 75 cents.

**MEDICAL ELECTRICITY: A Practical Treatise on the Application of Electricity to Medicine and Surgery.** By Roberts Bartholow. Second edition, enlarged and improved. Philadelphia: Henry C. Lea's Son & Co. 1882.

As the first edition has been recently noticed, the second appearing only about a year after, it is not necessary to add much to what was then said.

The book is divided into six parts treating of the following subjects:—Electro-Physics; Electro-Physiology; Electro-Diagnosis; Electro-Therapeutics; Electricity in Surgery; and Thermo-Electricity. Any one who carefully reads this book will be convinced of the important place which electricity holds as a diagnostic and therapeutic agent.

**DISEASES OF WOMEN: their Pathology, Diagnosis and Treatment**, including the Diagnosis of Pregnancy, by Graily Hewitt, M.D., London, F.R.C.P., Professor of Midwifery and Diseases of Women, University College, and Obstetric Physician to the Hospital; honorary Fellow of the Obstetrical Society of Berlin; Vice-President of the Obstetrical Society of London. Fourth American, from the third revised and enlarged London edition, with one hundred and thirty-two illustrations. Philadelphia: P. Blakiston, Son & Co., 1012 Walnut St. 1882.

This is another one of the standard works published in cheap form. The

profession is indebted to the enterprising publishers for issuing in a form accessible to all, works recognized the world over as authorities.

The merits of the work are too familiar to every one to require any extended notice. We cordially commend it to the profession.

**LACERATIONS OF THE FEMALE PERINEUM AND VESICO-VAGINAL FISTULA;** their History and Treatment, with an account of the Methods of Performing the Operations, and Instruments used, Illustrated by Cases. By D. Hayes Agnew, M. D., Professor of Surgery in the University of Pennsylvania. Seventy-five illustrations. Philadelphia: P. Blakiston, Son & Co., 1012 Walnut Street. 1882. In Paper 75 cts., Cloth, \$1.28.

This is an excellent practical monograph by a distinguished surgeon and one who is fully competent to write upon the subject and to give his readers such instruction as will enable them to properly diagnose the condition of their patients and to apply the proper measures for their cure.

The subject is discussed under the heads of 1st. Anatomy of the parts; 2d, History of the Lacerated Perineum and its Treatment; 3d, Vesico-Vaginal Fistula, its History and Treatment; being well explained by representative cases.

**SLIGHT AILMENTS;** their Causes, Nature, and Treatment. By Lionel S. Beale, M.D., F.R.S., Professor of the Practice of Medicine at King's College, London. Second revised edition, enlarged and illustrated. P. Blakiston, Son & Co., 1012 Walnut St., Philadelphia, Pa. 1882. Paper cover, 75 cents; cloth, \$1.25.

This is a book teeming with important facts and principles, which are all admirably brought out by its distinguished author, who has done an acceptable service in calling the attention of the profession to the frequently underrated importance of the slighter forms of disease. Let these be

neglected or not receive proper and judicious attention and they often lead to the most serious results. A thorough knowledge of the contents of this book will materially aid in professional success.

**ATLAS OF GYNECOLOGY AND OBSTETRICS.** Edited by Dr. A. Martin. Folio. Published by A. S. Wilde & Co. Cincinnati.

This large and handsome publication is well worthy the attention of the general physician and those who pay special care to the diseases of women. It contains four hundred and seventy-five black and thirty-seven colored illustrations, selected from the works of a large number of eminent European writers. It also has a supplement embracing a number from the "Nouvelles Démonstrations d'Accouchements" of Prof. J. P. Maygrier.

An examination of these plates show that they are accurately drawn and colored, and they cannot fail to be of great use, especially to those whose opportunities of refreshing their anatomical knowledge by dissection are limited. The work is published only by subscription, and those desiring to purchase should address the publisher directly, who will forward full descriptive circulars.

**PHYSICIAN'S HAND-BOOK FOR 1883.** W. A. Townsend, 189 Broadway, New York.

This work has now been published for over a quarter of a century, and while always valuable, has recently *been thoroughly revised*, and it is now the most complete work of its kind extant, combining as it does a ready book of reference and a diary, all in such a condensed form as to be conveniently carried in the pocket.

Referring to this manual will save much valuable time to the busy practitioner.

The United States Government has adopted it for the use of the Medical Officers of the Army and Navy.

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